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ORIGINAL DEPARTMENT.

LECTURE.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

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Reported by WILLIAM H. MORRISON, M. D.

INCONTINENCE OF URINE APPARENTLY DUE TO DISPLACEMENT OF THE URETHRA THE RESULT OF LACERATION OF THE PERINEUM—SOME GENERAL REMARKS ON LACERATION OF THE PERINEUM—MENORRHAGIA DUE TO THE PRESENCE OF FUNGUS VEGETATIONS.

GENTLEMEN: The first case that I bring before you is one of partial incontinence of urine. Whenever you have a woman complaining of partial incontinence of urine, always pass the catheter. This is a golden rule that should always be borne in mind. When a patient presents herself with such a statement, the inference of many physicians would be that the bladder is empty, whereas it may be that there is incontinence of urine because the bladder is full. A woman may be two or three months pregnant when from some reason the womb becomes retroverted, or it may be that the retroversion was present before impregnation occurred. In either case the cervix presses against the neck of the bladder, and the woman is unable to pass the water which gradually accumulates in the bladder. After the bladder has become over-distended, and not till then, the urine will begin to dribble away. Again, a woman pregnant three or four months may

take a long ride in a stage-coach or on a railroad, and may, through delicacy, neglect to empty her bladder. As she alights from the carriage, she makes a misstep which gives a little succussion to the womb, by which the fundus is forced behind the promontory of the sacrum and caught there. This displacement presses the cervix against the neck of the bladder, and the lady finds that, however urgent the desire, she cannot pass her water. In either case, an examination would in all probability disclose a cystic swelling above the pubes, which will disappear on the introduction of the catheter. I had quite a remarkable case of this kind some years ago. I was called by a physician to see a patient with stillicidium urinae. She was three or four months advanced in pregnancy. Examination at once revealed an abdominal tumor, which closely resembled an ovarian cyst. I tried to pass a catheter, but I could not get it into the bladder. Finding that the womb was retroverted, with the cervix pressing very firmly against the neck of the bladder, I caught the neck of the womb with the volsella forceps and pulled the cervix down. Then with two fingers in the rectum I pushed the fundus up. This replaced the womb, and I now was able to pass the catheter. The urine filled the largest chamber-pot that I had ever seen, and a second vessel was required.

But our patient of to-day comes with another form of partial incontinence, and we must try to determine its cause. She is a married woman, and has had nine children. The one next to the last was delivered with instruments. The last labor was a breech presentation. This occurred fifteen months ago, and since then there has been a

constant dribbling of urine day and night. It is not always easy to determine the exact cause of this condition. There is here no vesico-vaginal fistula. Sometimes the condition is due to a dislocation of the urethra from the passage of the child during labor. Sometimes it is owing to the formation of a pouch in the urethra or urethrocele, as a result of some injury during labor. You will remember that a few weeks ago I brought before you a patient suffering with the same trouble that this woman presents. She had a bad tear of the perineum, going through the sphincter, with a great deal of cicatricial contraction. The parts were thus distorted, and the urethra had been displaced. I operated on the perineum three weeks ago, taking good care to bring the ends of the severed sphincter in apposition. The union has been good, and since the operation she has had much better control over the bladder, being able to hold her water for several hours. Incontinence of urine after labor is not at all uncommon, but it usually soon passes away. On the other hand, many young girls have a partial incontinence of urine, so that when they laugh or cough a few drops of urine escape. This infirmity usually depends on lax fibre, and then is to be treated by ferruginous tonics; but sometimes it is not readily cured, because anæmia is often not very easily controlled.

There seems in this case to be some dislocation of the urethra, or some injury to the muscular fibres of the urethra, for when she strains or coughs there is a gush of urine from the meatus. There has been a bad tear of the perineum, with prolapse of the anterior wall of the vagina. Hence I think that the best plan of treatment will be to restore the perineum so as to give the needed support to the urethra. Before resorting to operative measures, let us try the effect of the following prescription:

R. Extracti ergotæ, fld.,	gtt. xx.
Tinct. nucis vomicæ,	gtt. xv.
Tinct. belladonnæ,	gtt. x.

Sig.—To be taken three times a day on an empty stomach.

This mixture often serves a useful purpose in girls as well who are troubled with incontinence of urine. In anemic cases the tincture of the chloride of iron may also be given along with the mixture.

I wish next to show you the result of the operation on the perineum in the case to which I have already referred, the woman with incontinence of urine. The union is good throughout nearly the whole extent of

the wound. It would have been better could I have avoided the constant dribbling of urine over the wound. I at first introduced a self-retaining catheter, but the urine made its way along the sides of the instrument, and it was, therefore, removed. As I have stated, she has much better control over the urine than she had before the operation. The only way that I can explain it is that the new perineum has pushed up the urethra, which was displaced downwards during labor. Still we are constantly meeting with cases in which there is urethrocele, and in which the bladder is plainly prolapsed, and yet incontinence of urine is not present. The effect of the operation seems to indicate that the trouble was due to displacement. In order to stimulate granulation in the places where healing is not perfect, I shall have a solution of five or ten grains of chloral in an ounce of water applied.

GENERAL REMARKS ON LACERATION OF THE PERINEUM.

The next case is also one showing the result of operation in a case of ruptured perineum. One of the secrets of success in plastic surgery is to take your time in operating. This patient was operated on two weeks ago. She is a married woman who has had three children. The first was born naturally, while with the second and third the labors were instrumental. As a result, she came to us with a bad tear of the cervix, and with a tear of the perineum extending into the rectum. In nine out of ten cases, bad tears are caused in instrumental labors. This is not because the forceps were put on early to bring the head down on the perineum, but because the physician ended the labor with the forceps. There is not one physician in fifty who is capable of delivering the head with the forceps through the soft parts. In primiparæ I do not consider myself capable of doing it, although my experience has been great. I should do it only when, as in puerperal convulsions, it is necessary to end the labor at once. My advice to you is to put the forceps on boldly when their use is called for, and bring the head through the bony pelvis down to the perineum; keep the forceps on until the perineum begins to bulge and looks as though it were going to tear. Then let the forceps rest loosely in your hands, and observe the effect of the unassisted pains. If nature appears able to complete delivery, remove the forceps, and then if a tear occurs it will, in the majority of cases, not involve the sphincter. Almost all the bad tears of the cervix and of the perineum oc-

cur, as I have told you over and over again, in instrumental labors.

This case brought up the question of the advisability of operating on the cervix and on the perineum at the same time. Performing both operations at one sitting saves time.

The objection is that you perform two operations of some severity, and you have two wounds to heal. Some years ago I lost a patient on whom I had performed the two operations, and that has set me rather against it. She had had a bad tear of the cervix and of the perineum. She was afraid to take ether, and did not wish to take it more than once, and I was persuaded to perform both operations at one time. She never recovered from the ether. Vomiting continued five days, the weakness finally resulting in heart-clot and death. I have, however, repeatedly had patients under ether for two or three hours in the performance of other operations, and have never had any bad result from the prolonged use of the anæsthetic. In a case where there are good reasons making it desirable that the two operations should be done at one sitting, I should perform them. The advocates of the double operation are numerous, while those who oppose it are few in number.

We have here, as you see, a perfect result. The perineum is at least an inch and a half in depth, and is proportionately thick. In this case, I used a self-retaining catheter. The bowels were opened with castor oil on the fourth day after the operation, and again one week after the operation. The stitches were then removed. Union has taken place throughout, and in a short time the patient will leave the hospital.

MENORRHAGIA DUE TO THE PRESENCE OF FUNGUS VEGETATIONS.

This patient is twenty-nine years of age, married, and had one child nine years ago. Since then she has had two miscarriages, which occurred four or five years ago. Three years ago she was operated on at another institution for laceration of the cervix. She complains of pain in the left ovarian region, the pain extending down the thigh. She also has metrorrhagia. When there is pain, such as this patient describes, in the ovarian region, extending down the thigh, you will find that, in the great majority of cases, it is ovarian in origin. The menses occur every two weeks, sometimes oftener.

Why did this woman have two miscarriages? When a woman has had successive miscarriages, you will find that in fifty per

cent. of the cases they are due to specific infection, provided they are not criminal abortions. Where such a history obtains, you should try, in a delicate way, to find out if there has been any specific disease. I have done this in the present instance, and have failed to find any evidence of such disease. Looking at her face, you see that peculiar appearance which is present in three different conditions, hemorrhage, malarial poisoning, and cancer. The cachexia produced by these different affections resemble each other so closely that it is impossible to distinguish between them. Sometimes in the cachexia of cancer there is a leaden appearance not seen in cachexia due to other causes; but this is not invariable. Her cachexia is due to loss of blood.

Before examining this patient, we may say that she has one of three conditions: fungous vegetations of the endometrium, a fibroid tumor, or possibly a polypus. As she is not thirty years old, it is not likely that she has a fibroid tumor. This growth makes its appearance more commonly between the ages of 35 and 45 years. We may therefore set that aside for the present. She tells us that she has had menorrhagia for the past nine years. If it were a polypus it would in all probability have worked its way to the mouth of the womb and have been discovered at the time that the operation on the cervix was performed. This would lead us to say that in all probability the hemorrhage depends on fungous vegetations.

The patient has been losing blood for the past two or three days. One of the best hæmostatics under these circumstances is the curette. It affords us the quickest way of stopping the bleeding. I usually prefer the sharp curette, but I have succeeded with the dull curette. This succeeds even where there are no fungous vegetations. We shall not be able to employ the curette this morning, because she is not prepared to stay in the hospital.

This patient is thin, but you must not infer that all women who lose blood are thin. On the contrary, many women who are bleeding profusely become fat, but the fat is of a flabby character.

I shall make a digital examination. I find the cervix small. The fundus is high up. The sound gives a measurement of a little over three inches. If a polypus were present, it would have to be very small, for if it were one inch in diameter the uterus would measure at least three and one-half inches. I cannot detect the presence of a fibroid tumor. I therefore conclude that the

hemorrhage is due to the presence of fungous vegetations.

I shall direct this patient to return to have the womb curetted. This is usually not a dangerous operation. The cervix will first be dilated sufficiently to permit the introduction of the curette. This will be done with the steel dilator rather than with the sponge-tents, which are a source of danger.

The curette will then be washed in an antiseptic solution, either of the bichloride of mercury or of carbolic acid. The whole endometrium will then be carefully scraped. This will remove the numerous vegetations, which consist simply of redundant tissue, the result of over-nutrition. This woman, as we have stated, had a laceration of the cervix for six years, which, being a point of irritation, invited blood to the part, and led to this over-growth of tissue. Before operating on a lacerated cervix, you should always ascertain whether menorrhagia is one of the symptoms, and if so, you should curette the womb, either some days before or at the time of the operation. I much prefer to do it at the time of the operation. After the womb has been curetted, a disinfectant solution should be employed. If the cervix were well dilated, I should not hesitate to inject a solution of corrosive sublimate. I usually swab out the womb with a strong solution of tincture of iodine. It is dangerous to inject solutions into the cavity of the womb unless the os is well open. If there is not a free escape for the fluid, the muscular fibres around the cervix may contract, preventing the escape of the liquid, and then, if the uterus contracts, the irritating solution may be forced through the fallopian tubes into the peritoneal cavity. Therefore, remember this: Never inject anything into the non-gravid womb, unless the mouth of the uterus is so well opened that the fluid may come away as rapidly as it is injected. Even when the os is well dilated, you should not inject fluids unless their use is absolutely called for.

In cases of this kind, where there is difficulty in arresting the bleeding, it is often a good plan to introduce a piece of nitrate of silver into the cavity of the uterus. A piece half an inch long may be employed. This will cause the womb to contract, and will often stop bleeding when other measures fail. But this should be done only when milder measures fail, and as a last resort.

—The president of Harvard College gets \$4,000 per annum. So does the head cook in the Parker House, Boston. But neither one of them can fill the other's place.

COMMUNICATIONS.

STYPTICS: THE ESPECIAL USE OF, IN THE TREATMENT OF DIPHThERIA.

BY VESTA M. W. SWARTS, M. D.,
Of Auburn, Ind.

The fact that the true rationale of the use of styptics in the treatment of diphtheria does not seem to be well understood by the profession at large, is my apology for the appearance of this paper, written upon the treatment of a disease of which the literature is already voluminous. For a similar reason I shall proceed at once to the discussion of the principles involved, adding thereto a detailed account of the plan I have found most successful in practice.

The first indication in point of time and importance, in every case of diphtheria, is to prevent the local extension of the disease; as by this means we may expect to limit constitutional infection to a degree compatible with returning health. I believe that this can be done in all uncomplicated cases of pharyngeal diphtheria by the judicious and timely use of that class of astringents known as styptics.

The mucous membrane involved is in process of exudative inflammation, with tendency to fibrinous effusion, and infested with masses of bacteria which permeate surrounding tissue, live and multiply upon and within the exudation, and unite with it in the formation of the diphtheritic membrane.

In treatment, it matters not, outside of prophylaxis, whether these vegetable organisms are the carriers of the disease or not; nor yet that they are found in small numbers in healthy secretions. The whole process is pathological, and their aggregated numbers certainly produce a mechanical disturbance sufficient in some cases to be noticed by the patient and spoken of as if a hair or needles were sticking in the throat. We certainly know that without these micrococci diphtheria does not exist, and if their growth can be early prevented, the process ends. Theoretically, this can be done by depriving them of their pabulum—the material upon which they live. Practically, styptics stop the fibrinous exudation and lead to recovery. Mild astringents only make time for other agents, or too often prolong the case until general sepsis ends it. Ice, the actual cautery, collodion would be serviceable, but owing to the difficulty of their application, our best known agent is likely the solution

of sub-sulphate of iron. It is decidedly styptic, non-irritating, and the effect of each application lasts longer than that of any other drug I have used, not excepting the valuable perchloride.

The best plan I have ever used is the following: Dilute Monsel's solution with nearly half its volume of glycerine, and apply with a camel's-hair brush over the diphtheritic membrane and adjoining tissue, requiring the patient to swallow a few mouthfuls of cold water immediately after the application to each locality, until all the affected portions are reached. Small children who refuse to drink, should have cold water thrown with a syringe far enough back to reach the pharynx or to compel them to swallow.

These applications should be made from two to four times a day, taking care that the night interval be as short as possible. In from two to four days there will be left only portions of partly adherent membrane, and the patient complains that the application is becoming painful, and that the throat feels perhaps worse. This is an indication that the mucous membrane, now stripped of its epithelium, needs protection. It should now be thoroughly dusted from three to six times a day with powdered sulphur, which has been some time exposed to the air, and therefore contains free sulphurous acid. Applied in this manner it protects the young epithelium, and renders the decaying mass aseptic. The styptic should be promptly discontinued so soon as the disease is under control; if used longer, it destroys these new cells and hinders the process of repair. The sulphur should be used for a few days longer.

Sometimes it will be well to give the patient the comfort of this protection a short time after each application of the sub-sulphate, and for very small children a weaker solution may be used. For cases seen early, the distinct localized red surface may be brushed with a mild solution, and after a few swallows of water are taken may be covered with the powder. The systemic effects of the disease ought always to be closely watched, and in bad cases it will be necessary—

1. To prevent extensive glandular infection; and for this purpose repeated applications to the neck over the region of the sub-maxillary and cervical glands of turpentine and oleic acid, or turpentine and lard, equal parts, have proved serviceable.

2. To allay irritation of terminal nerves in order to hinder increase of blood-supply to the affected membrane, and to prevent to some extent the increase of heat production

(fever). Aconite in small repeated doses, quinine, or if the patient be restless, chloral cautiously administered, will aid materially in meeting this indication.

- 3, and important, it will be necessary to prevent, if possible, the prostration incident to the disease by the early and continuous use of alcoholic stimulants, until convalescence is fully reached, and the assimilation of food sufficient to meet the demands of the system.

That other and important indications for treatment will sometimes arise, and that by reason of complications some cases must end fatally, I am well aware; also that this kind of local treatment cannot be applied to the larynx, and that systemic remedies intended to limit exudation often fail entirely of their purpose; and yet I ask for styptics only their proper place in the therapeutics of this disease when I urge the timely use of such measures as tend to "starve out" those vegetable marauders, the micrococci of diphtheria, ere they block up the avenues of life or by general infection destroy it.

A CASE OF EPILEPSY APPARENTLY DUE TO GENERAL IRRITATION, AND CURED BY CIRCUMCISION.*

BY WHARTON SINKLER, M. D.,
Of Philadelphia,

More or less difference of opinion exists as to the influence of peripheral irritation in the production of epilepsy. It is generally agreed that sexual excesses or irritation of the generative apparatus can alone cause true epilepsy; but most writers admit that self-abuse or excessive venery bear a large part in the etiology of the disease, and that, if once established, these habits tend to aggravate and render it more difficult of cure.

Gowers thinks that masturbation in boys is a frequent cause of fits, which, while not genuine epileptic seizures, are convulsions of an hysterio-epileptic kind.

Irritation of the prepuce or glans penis, even when not associated with masturbation, is believed by many to be the source of divers reflex nervous disorders, including epileptic convulsions, and many operations of circumcision have been done to relieve these conditions, with varying success.

To add some testimony to the subject, I wish to report to the Society the following case of marked epileptic fits associated with

* Read before the Philadelphia Neurological Society, December 27, 1886.

irritability of the genitals, and in which the attacks ceased after the operation of circumcision.

Frank P., colored, *æt.* 3 years and 5 months, came to my clinic at the Infirmary for Nervous Diseases, July 19, 1886. His parents are healthy, and have five other children; none of these have had fits, but one had chorea. He was well until December, 1884, when he had two spasms. These were attributed to teething and taking cold. In January, 1885, he had another fit. The attack was marked, and lasted three or four minutes. Since that time he has averaged one fit a week. The attacks are severe, the convulsive movements being general, and afterwards he is dull and sleepy. For several days past he has had an attack every day.

The child is well nourished, and shows no sign of rickets except that he is backward in teething. He is intelligent, and talks freely. The prepuce is elongated and inflamed at the edges, but can be retracted over the glans. Any touch, however, brings on an erection of the penis. The mother says that he handles the penis frequently, and seems to have some discomfort about it.

He was ordered potass. bromid., *gr. ii. ter die*. In one week returned and reported having had one attack. The bromide was increased to *gr. v. ter die*.

August 2. The boy has had thirty-five or forty attacks during the past week; some days twelve or fifteen fits. He has become unable to speak, and seems to have lost his intelligence. The genitals are very irritable; a touch of the penis makes it rigid. Circumcision was advised, and the operation was performed by Dr. H. E. Goodman on August 9. The bromide was continued in five-grain doses three times a day.

In the week after the operation was done he had two attacks. Since then there have been none. The bromide was taken for about three weeks.

I examined the child on December 27, and he seemed well. He was bright and active, and talked freely.

Gowers speaks of a case of epilepsy in a boy of thirteen years who had twelve or fourteen attacks a day under various treatment. It was found that he was addicted to self-abuse, and a blister on the prepuce reduced the fits to from two to seven a day. Circumcision was then performed, and the attacks ceased at once and did not recur. This author advises circumcision in all cases of epilepsy when masturbation is suspected.

A READY METHOD OF INDUCING RESPIRATION IN INFANTS BORN ASPHYXIATED.

BY ENOS T. BLACKWELL, M. D.,
Of Cedarville, N. J.

The birth of an asphyxiated infant makes an immediate and imperious demand upon the resources of the accoucheur that the life of the new-born may be saved. The call will be variously met as the practitioner has experience and good sense. Coolness and tact are requisites of success, presence of mind being in the highest degree indispensable.

The beginner in the art will, perhaps, hurriedly order hot water in which the infant may be immersed, that the shock of the heat upon the surface may induce respiration by reflex action through the nervous system. This procedure involves the cutting of the cord, and the neglect of the mother, who meanwhile is liable to hemorrhage, or other grave trouble. At best, it is a clumsy method; and the water, if not quite hot, produces a condition the opposite of that desired. He may dash cold water upon it, possibly, without severing the cord; but there is danger of deluging the lying-in couch, and so, perhaps, he separates it as in the aforesaid manner—losing time and neglecting the mother meanwhile.

He may even, if an unthinking person, puff his own devitalized breath into its mouth and nares—of course with an unfavorable result. Flagellation with the hand, or some suitable substitute, is resorted to by some.

A procedure brought forward a year since at the annual meeting of the Medical and Chirurgical Faculty of Maryland, under the name of the Schultze method, has obtained some currency in medical literature. It consists in swinging the fœtus by the shoulders alternately forward and backward, the axillary articulation being the pivot about which it is made to revolve. This requires the separating the infant from the mother and her abandonment during the efforts at resuscitation of her offspring. The manœuvre would seem likely to end in dislocating its shoulders by the inexpert.

A method embracing, perhaps, the same principles, which is immediately applicable without an instant's absence from the mother's side, and gives excellent results, was described by me in the *MEDICAL AND SURGICAL REPORTER* for 1879, vol. xvi., p. 527. This has seemed, in my experience, to establish breathing in all cases in which

death had not absolutely taken place. I make no apology for its reproduction here, as it merits a wider recognition than it has received, and a thorough trial by all who are engaged in the practice of midwifery. By an inadvertence, the principle is referred to the Marshall Hall system, but is more nearly allied to that of Sylvester.

"In the resuscitation of asphyxiated infants newly-born, I have long used a procedure embodying the principles of the Marshall Hall method, viz., by tossing the child with a quick motion, the placenta being still attached. The rapid movement causes the arms to fly up, lifting the chest-walls, and causing the infant to take in air by a sudden sob. The method may appear rude, but it has succeeded in many instances apparently desperate. It has the merit of instant applicability, with very quick results; and experience with it induces me to believe it unfailing in the recovery of newly-born infants perishing from asphyxia." In the procedure, the head, neck, and shoulders are supported in the palm of one hand, while the buttocks rest in that of the other. A few tosses are generally sufficient to elicit a cry. As a part of the literature of a subject that must interest the great body of medical practitioners, and which is strangely neglected in some systematic works on midwifery, I recall the attention of the profession to a plan which I believe has special merit.

THE SANITARY QUALITIES OF ARTIFICIAL BUTTER.

BY JACOB R. LUDLOW, M. D.,

Of Easton, Pa.

The late Prof. Hughes Bennett is quoted as saying that the great cause of the prevalence of pulmonary phthisis was the scarcity of good butter and the abundance of pastry cooks. The butter supply has always been inadequate. Years ago, farmers and laboring men used pickled pork and bacon as fat foods, and butter only as a luxury. But now-a-days, everybody eats butter, whether he live in a shanty or in a palace, and the demand is so great that if we were dependent exclusively on the cow for our butter, the price would exclude it from the tables of all except those in comfortable circumstances.

Within a few years science and art have given us a substitute in oleomargarine and butterine. The skill and success that have been shown in its manufacture are quite phenomenal. It is really a triumph in its

way. It is much better and more wholesome than much of the butter found in the markets. It has brought down the price of butter fully fifty per cent. The quality is uniform and the sources of supply inexhaustible. It is really a boon to the poor man and the man in moderate circumstances; yet it is denounced and misrepresented by the dairy interest because its extended use has diminished their profits.

It is called "stuff," and "nasty," and attempts are made to excite prejudice against it as unwholesome; laws are passed taxing it, and more or less prohibiting its manufacture and sale. These laws and methods have chiefly one effect: they raise the price of butter, whether dairy or factory, on the consumer. They never will prevent its manufacture and sale. So long as men can make artificial butter which cannot be distinguished from dairy butter by sight, taste, or smell, so long will it be made and sold; and legal restrictions advance the price without diminishing the profits of its manufacture.

In the interest of the masses, I think the profession should protest against unnecessarily adding to the cost of a food so valuable and important. The rich man may enjoy his gilt-edged butter, but, without this aid, the poor man must be forced to use the inferior grades of dairy butter, strong, garlicky, carelessly made, and often unwholesome.

The wise fools calling themselves reformers, who, a few years ago, went about lecturing upon the injurious nature of fat as a food, did a great deal of harm in exciting a prejudice against fat ham, bacon, pickled pork, and other forms of wholesome fats; and now, a delicately prepared fat, so closely resembling butter as to be easily substituted for it, is to be driven if possible from the market for the sole purpose of adding to the profits of a special industry. Congress had better subsidize the dairy interest from the surplus in the treasury than to collect this additional tax directly from the people.

It is proposed to reduce the tariff on sugar. This would very likely not reduce the price of sugar to the consumer, and if it did, so much the worse. Sugar is too cheap already, and too much is eaten for the good of the public stomach, while a palatable fat food, which the people need, is discounted by a prohibitory price.

I have no interest, pecuniary or otherwise, in either dairy-made or artificial butter, but, as a practitioner of medicine, my attention is called to forms of food that may not make a recourse to cod-liver oil so often a necessity.

HOSPITAL REPORTS.

PHILADELPHIA HOSPITAL.

SERVICE OF DR. THEOPHILUS PARVIN.

Dr. Parvin is noted for his punctuality in commencing his lectures; hence when he entered the room and the clock marked ten minutes after the hour, he laughingly said that he was compelled to confess that he was a little late—the remorseless clock would not lie, and it warned him that he was behind time. He recalled that when he was a child, there was a good old minister in his neighborhood who had been a soldier in the war of the Revolution, and who, owing to the sparsely settled condition of the country, was obliged to travel about and preach in many separate places. As his means of transportation were not very certain, he was wont to announce that, “the Lord being willing, he would preach next Wednesday evening, at early candle lighting, as there will be a moon on that night if it does not rain.” This allowed him a good margin. But now it is different; for clocks abound, remorselessly recording not only hours but minutes, and ten or fifteen minutes amounts to something; it is, however, a legal fiction that it is always one hour until the next arrives; therefore, as it is not yet ten, you must, despite the dictum of the truthful clock, conclude that it is only nine, and that I am therefore on time.

Paraplegia in its Relation to Labor.

Dr. Parvin had two very interesting cases to present. One was a case of paraplegia during pregnancy and labor. There are two forms of paraplegia in connection with pregnancy and parturition; the one where it precedes pregnancy, the other where it occurs during it, when it is often reflex. Now, the question very naturally arises as to what effect paraplegia has upon the progress of labor. If only the lower limbs are affected, then no influence whatsoever is exerted upon the labor; indeed, under these circumstances the labor may be even more rapid, because as the pain or suffering is not experienced, so the expulsive efforts are not retarded, as they usually are, when nature seems inclined, by this retardation, to wish to render a temporary respite to the woman's suffering. If, however, the abdominal muscles are involved, we can readily understand how labor will be delayed, because, of course, these muscles greatly aid the uterine contraction in its expulsive efforts. In this case there was no delay; if anything, the labor was more than usually rapid.

Rheumatism in Pregnancy.

The second case is one where pregnancy and labor were complicated with rheumatism. For some weeks before labor this woman suffered with a violent attack of acute articular rheumatism, which lasted through labor and continued for some time thereafter. This is the first case of the kind that Dr. Parvin has ever seen; during labor her temperature was $103\frac{1}{2}^{\circ}$, which, under other circumstances, would have occasioned serious alarm. Her temperature continued from 100° to 102° , and she suffered greatly. It was customary for the older obstetrical authors to dwell upon rheumatism of the uterus, which they claimed occurred not only during pregnancy but in labor as well, and it was to this rheumatism that they were frequently wont to ascribe the etiology of dysmenorrhoea. Indeed, the famous guaiac prescription of Dr. Dewees for this complaint, which was the ammoniated tincture of guaiac, had, for its *raison d'être*, the idea that uterine rheumatism was at the basis of dysmenorrhoea. You never hear nowadays of rheumatism of the uterus; that which was once so-called, we now know to be a sub-acute inflammation of the peritoneum or of the muscular tissue of the uterus itself. Another patient in the expectant ward, was seized with most violent abdominal pain, and it was supposed at first that she was in labor, though the natural duration of pregnancy had not been reached. She was removed to the lying-in ward, but did not bring forth. Her suffering was intermittent; why, I do not know, unless it is that it is the rule for women in pregnancy to have intermittent contractions, which however are usually painless, while they are painful if there be inflammation of peritoneal or muscular uterine wall. As soon as I saw this woman knew that her pain was not that of labor, because in true labor the sufferer is *girdled*, as it were, with pain—the pain commences in the back and circles both sides round to the front. Here the pain was confined to the anterior uterine wall.

Auscultation in the Diagnosis of Pregnancy.

We now come back to the diagnosis of pregnancy, the subject that we have been investigating. I recommend mediate in preference to immediate auscultation, for several reasons. It is not very delicate to apply the ear directly to the abdomen; the position of the examiner would be more or less constrained; the circulation in the vessels of the neck would be interfered with, which might give rise to deceptive sounds; your neck

muscles would be strained, and if you wear a beard it might also cause misleading sounds. Again, unless you use a stethoscope, it will not be easy to locate the maximum of intensity of the sounds you hear. I remember being one time in the Fever Hospital of Dublin with Dr. Kennedy, and seeing him use a stethoscope, maybe eighteen inches long. To my query why he used such a long instrument, he whispered the reply that it was to keep the vermin off; so that under certain circumstances this may be an additional reason for the employment of this instrument.

The foetal heart-sound can be usually heard at the end of three months; I would say that it is then audible in three-fourths of all cases; at $3\frac{1}{2}$ months it is heard in more, and you will rarely fail to detect it at $4\frac{1}{2}$ months, certainly not oftener than once in one hundred cases. The detection of the foetal heart-sounds is an absolutely positive evidence of pregnancy, and it is the only infallible symptom we have. When we have once heard it, we know, beyond question, no matter how great may be the negative evidence, that the woman in whose abdomen it has been heard is pregnant. What has been erroneously called the placental souffle is not diagnostic. This sound has no pulsation, which negatives the old idea that it was caused by the circulation in the aorta or in the iliaes. It is heard most distinctly on the sides, and may be compared to the sound produced by softly pronouncing the word *ooo*. It is synchronous with the maternal pulse, and is usually heard most distinctly on the left side. The only things with which it could be possibly confounded would be an anæmic souffle, or the bruit caused by valvular heart disease of the mother. We must remember that the blood vessels of the uterus enter that organ at the sides—when we have a column of liquid flowing through vessels of a uniform calibre no sound is produced, but if these vessels become suddenly enlarged, or if a number of new vessels (the combined area of which is greater than that of the primitive vessel) be formed, then the flow of liquid will give rise to a sound. If you go into a forest in "the leafy month of June," when the trees covered with leaves offer an obstruction to the free passage of the wind, you will hear musical sounds that are not produced in the cold, cheerless, leafless days of February. The deep and narrow river flows noiselessly on to the ocean, but should its channel suddenly widen, then there is a rippling and a gurgling of the waters. So is it with this

uterine souffle, to which, with strange and inconsistent persistency, the term *placental* still adheres—for we now know that the placenta has nothing to do with its production. Some years ago I read in an English medical journal of good repute, a communication from some physician, who claimed that he could diagnose the sex of the foetus in utero, according as this souffle was the more intense on one side or the other. Notwithstanding the absurdity of this statement, it passed unchallenged; and in spite of the omniscience of medical journals and medical editors, it was never denied. It is a fact that this sound may be heard one, two, or even three days after the completion of labor. Is it then diagnostic of pregnancy? Well, we can hardly believe that a woman may become pregnant three days after she has given birth to a child. It simply means that the blood is flowing from vessels of a lesser into vessels of a greater area; so, therefore, anything that causes an increased vitality of the uterus may give rise to it. It may be heard in probably fifty per cent. of the cases of soft uterine fibroids. It is usually heard first about the fourth month, whence it grows gradually more distinct until the seventh month, from which time it remains stationary to the end of pregnancy. Thus, then we see that the souffle is not diagnostic of pregnancy, and even if we accept it as a collateral evidence, it is of no value in guiding us as to the life or death, or healthy or unhealthy condition, of the foetus. On the other hand, the foetal heart-sounds are not only diagnostic, but they inform us also as to the condition of the child. Obstetric auscultation requires a long and thorough apprenticeship. I remember Professor Samuel Jackson asking me one day if I had been to the clinic, and when I replied in the negative, he told me that I ought never to miss an opportunity of seeing a sick person. So I say to you, you should never miss the opportunity of ausculting a pregnant abdomen. The foetal heart commences to pulsate a few days after conception, but, as I have already said, it is not available for diagnostic purposes until about the end of the fourth month. Where shall you listen for it? Remember that the shape of the uterus varies with the progress of labor. At first it is spheroidal, and the foetus may lie anywhere. By the seventh month it is ovoidal, and then the foetus has assumed the most comfortable position, which it thereafter maintains. In 96 out of every 100 cases, this position will be with the head downwards. Early writers used to teach

that up to the seventh month the fœtus sat on the brim of the pelvis, and at this time the head growing too heavy for this position, it toppled over and became a vertex position; and with a marked lack of gallantry they were accustomed to say that this occurred earlier in boys than in girls, because the heads of the former developed more than the latter. Of course, we now know that this position is assumed because the uterus is best adapted for it. If we are listening for the heart-sounds as early as the third or third and a half month, then we should place the stethoscope in the axis of the superior strait and auscult perpendicularly to the fundus of the uterus. In 1832 an instrument was devised called a metroscope, which was designed to be introduced into the vagina for ausculting purposes; it did not meet with much favor. An effort is now being made to revive it, but without much success. It might cause abortion, and is not to be recommended. If we draw a line from the umbilicus to the superior spinous process of the ileum, we will hear the heart-sounds about its middle, and usually on the left side. We can, as I have said, form an opinion as to the condition of the fœtus. The sounds will vary from 120 to 160 per minute, averaging 140. If they are only 90, or are up to 200, we will know that the child is in danger. The sounds may be likened to *tic tac, tic tac*, the interval between the *tac* and the *tic* being twice as long as that between the *tic* and the *tac*. If these sounds are not distinct, if they are wavy or weak, then we know that something is wrong. When you are to auscult a pregnant woman the room should be quiet, and her bowels and bladder should be empty. It will be best to have the abdomen uncovered, though the interposition of a piece of thin muslin will make no material difference. A woman may simulate the fetal movements; she may testify to the subjective, and in certain pathological conditions, we may have many of the objective signs of pregnancy; but no power can produce the fœtal heart-sounds save the presence of a living fœtus; and when we remember that the reputation and happiness, aye, the very salvation of a woman may rest on our opinion, we should not fail to realize the great responsibility that rests upon us.

—According to the *Lancet*, precipitated chalk forms the best basis for a tooth powder, to the base of which may be added pulv. saponis and ol. eucalypt., a drachm of each; and, if there is no objection to the taste, half a drachm of carbolic acid.

MEDICAL SOCIETIES.

THE BALTIMORE ACADEMY OF MEDICINE.

Stated meeting, January 18, 1887.

Owing to the absence of both the President and Vice-President, Dr. T. A. Ashby was elected President *pro tem*.

Alcohol as an Anæsthetic.

Dr. W. Chew Van Bibber related three cases in which complete anæsthesia was brought about during labor by large doses of alcohol. The uterine contractions were regular and easy; there was no trouble with the placenta, nor was there any post-partum hemorrhage. The patient was so completely under its influence as to experience no pain, and was entirely unaware of the passage of the child from the uterus. He thinks its action compares in these cases very favorably with that of chloroform.

Dr. T. A. Ashby has seen one major operation performed while the patient was under the influence of alcohol. The operation took an hour and a half. In this case, however, the whisky (that was the form employed) was hardly pushed far enough, as the patient was somewhat hilarious during the operation. In this instance, however, he thinks the efficiency of the agent was greatly increased by fortitude and love for the whisky on the part of the patient.

Dr. W. Chew Van Bibber has employed alcohol in puerperal eclampsia for years with the happiest results. He keeps the patient perfectly relaxed for twenty-four hours. He has never had any reason to doubt its efficiency in these cases.

A New Instrument.

Dr. W. Chew Van Bibber also showed an instrument devised by him for use in circumcision. It is in the form of a punch, and is so arranged as to cut from the foreskin a triangular bit of the tissue.

Dr. A. B. Arnold corroborated the statement by Dr. Van Bibber that the skin after circumcision retracts to an astonishing degree.

Diphtheria Treated by the Out-door Method.

Dr. W. Chew Van Bibber then referred to a case of diphtheria that he had recently treated successfully as an out-patient. The patient was a girl who presented herself with both tonsils covered with diphtheritic ulcers and patches. The pharynx was likewise involved. Cervical glands swollen and tender.

A very bad odor came from the throat. He looked upon it as a grave case. His treatment was as follows. He gave her four prescriptions:

No. 1. Brandy, carbohc acid, and quinia.

No. 2. Quinia grs. iv, whisky $\mathfrak{z}\mathfrak{j}$; $\mathfrak{z}\mathfrak{ss}$ every two hours.

No. 3. Was a disinfectant to be used as a gargle.

No. 4. Was composed of powders of sulphur grs. x each, to be placed dry in the mouth.

Under the circumstances he thinks it remarkable that the girl should have recovered.

Dr. W. Chew Van Bibber then read a paper upon

The Diagnosis of Cancer of the Mesentery. (See page 193.)

DISCUSSION.

Dr. A. B. Arnold considers diagnosis in these cases very difficult. He can only say that he has on several occasions suspected the condition, but has never had his suspicions verified by an autopsy.

Dr. John Uhler thinks we might be aided in our diagnosis in these cases by the fact of the mobility of most of the abdominal contents. By causing the patient to alter his posture he thinks the tumor could be made to change its position.

Dr. A. B. Arnold read a paper on
Neurasthenia.

DISCUSSION.

Dr. F. T. Miles was glad to have heard this paper. He has seen a number of these cases, and thinks the picture drawn by Dr. Arnold in his paper represents them perfectly.

He thinks the larger number of these cases, instead of being accompanied by dyspepsia, really result from dyspepsia. Thinks the cerebral symptoms result from disorders in the digestive tract. Thinks the number of symptoms given by neurasthenics indicates a very general derangement of the nervous system.

It is his experience that persons with real spinal disease tell their symptoms in a very few words, but where the disease is imaginary, as in neurasthenics, the train of symptoms is almost endless. He agrees with Dr. Arnold that neurasthenia is liable to blend and glide into melancholia and grave cerebral disorders.

He referred to the permanence of many of the peculiar phobias exhibited by neurasthenics. A gentleman while in a neurasthenic condition suffered from the fear that

his wife was becoming bald; he recovered and was in the habit of ridiculing this diseased notion. One evening while at a company his wife's false hair became accidentally disarranged, when the old fear immediately returned to the gentleman. In the case just referred to, improvement in personal hygiene resulted in recovery.

Dr. A. B. Arnold is gratified at hearing Dr. Miles agree with him. Hitherto neurasthenia has been obliged to fight its way into general recognition. In most of the later works devoted to diseases of the nervous system he finds it occupying a prominent place. He don't think Dr. Beard has received the proper recognition in his own country.

Dr. H. P. C. Wilson thinks many of the maladies seen in young girls are attributable to a defective system of education, in which physical training is almost completely subordinated to mental exercises. There is no doubt that such a condition can only result in exhaustion of the nervous forces.

Dr. A. B. Arnold related a case in his own practice in which he was called to see a young lady. He could not determine her ailment, nor could he relieve her by any means known. Becoming discouraged, he ceased his visits. Shortly afterward he saw her on the street, a picture of health. Enquiry revealed the fact that she had had a lover who had left the city; this was the cause of the condition in which he first saw her. He had now returned, and this he supposed to be the reason for her return to health and spirits. He is puzzled to know what treatment a physician should adopt in such a case.

Dr. T. Barton Brune read a paper upon

A Reducing Substance in the Urine Resembling Glucose.

Dr. John Uhler read an article from the *Boston Medical and Surgical Journal*, by Dr. Harrington, upon

Potassium Bichromate as a Source of Poisoning.

Following upon this he read a letter from a chemist in charge of the large chrome works in the North; in which this gentleman endeavors to show that the article in the Boston paper is not a statement of facts, and that its author, upon chemical grounds, is not justified in making the statements. He says: Dyers who use the salts of chrome acid are not affected. Weavers who employ the stuffs that have been dyed with those colors are not poisoned.

In the United States there is nothing known as chrome disease of the skin. Ex-

cepting the loss of the nasal septum, the workers in these establishments are as healthy as outsiders. Those who spend a short time only each day in chrome works are in no way affected in health.

Dr. John N. McKenzie said in his observations upon the perforation of the septum, as a result of the action of chromium, it is seen that perforation may occur in some cases so early as twenty-four hours after first working in the substance.

Chrome acid is limited in its action, being converted, when acting, into an insoluble oxide. He has found ulceration on the mucous membrane of the nose, but not of the pharynx. He called attention to the fact that when the substance gains entrance to the system it always finds its way to the respiratory tract.

Perforation of the septum from chromic acid may be differentiated from that resulting from syphilis, by the fact that in the former there is no change in the out shape of the nose, while in the latter the outline of the organ is altered.

NEW YORK ACADEMY OF MEDICINE.

Stated meeting, January 20, 1887.

A. Jacobi, M. D., President, in the chair.

Reports of meetings of the sections were read. Dr. E. Darwin Hudson had been elected chairman of the section in theory and practice, and Dr. R. C. M. Page secretary; Dr. R. F. Weir had been elected chairman of the section in surgery, and Dr. Robert Abbe secretary; Dr. E. L. Partridge had been elected chairman of the section on obstetrics and diseases of children, and Dr. I. E. Holt secretary.

The Value of Quinine as an Antipyretic in Pneumonia.

Dr. John H. Ripley read the scientific paper of the evening, in which he gave a summary of the treatment of forty-eight cases of pneumomia in St. Francis Hospital by quinine, administered for the purpose of reducing the temperature, it being given in no instance in which the temperature had not been above 103° F. There were only about six of the cases in which the temperature fell after its administration more than two degrees; in half the cases it fell only one and a fraction of a degree, and in the other half less than a degree. Its fall was not regular; the duration of the fall was uncertain, it was generally short. In as much as there were recessions of temperature in

pneumonia even when no drugs were administered, it could not be said that in all these cases the fall was due to the quinine. Moreover, the quinine produced in many cases unpleasant effects. In large doses it would cause vomiting and disturbance of digestion for some time afterward; and even in moderate doses it would give rise to anorexia and nausea. It also made the heart's action weak. Among the effects on the nervous system were noticed somnolence, delirium, in two cases opisthotonos, etc.

Dr. Ripley concluded that quinine was a feeble antipyretic in pneumonia, but that its use was not justified; that if an antipyretic effect was desired there were more efficient drugs than quinine. He said further, that in his opinion the administration of drugs for the reduction of temperature in fevers was being carried beyond proper limits; that the importance of reducing the temperature, especially when only moderate, had been exaggerated.

The views regarding the use of quinine as an antipyretic in pneumonia expressed by Dr. Ripley, were coincided with essentially by Drs. Putnam Jacobi, J. Lewis Smith, Fruitnight, Castle, Billington, and Holt. The president had some years ago given quinine to children in pneumonia when the temperature was sufficiently high to call for an antipyretic effect, and with good results; but he administered it usually in the morning, or when the fever was not highest, so that it could be taken up; if hypodermically, he gave the carbamide of quinine. He gave doses then regarded as large, but now not so considered—six to ten grains a day to children. The very large doses now given were regarded by him as injurious. He seldom gave quinine as an antipyretic in pneumonia now, because antipyrine, for instance, was more efficient.

Adjourned.

—Winkelmeier is the name of a giant who is now on exhibition in London. He is eight feet and nine inches in height, and is therefore more than a foot taller than Chang, the Chinese giant. He was born at Freidburg, Upper Austria, in 1865, his parents being people of humble life and normal size.

—“Did you carry that prescription to old Mrs. Smith last night?” said the doctor to his office boy.

“Yes sir.”

“Did she take it?”

“Yes sir.”

“How do you know?”

“Crape on the door this morning.”

EDITORIAL DEPARTMENT.

PERISCOPE.

Management of Simple Constipation.

Sir Andrew Clark thus writes in the *Lancet*, January 1:

The untoward consequences of constipation are always considerable and sometimes serious; but greater than they—greater than the anæmia, the blood-poisoning, the headache, the nervousness, and the heart disorder which arise out of fecal retention—are the untoward consequences of ignorant and unskillful domestic management.

For two days a patient has had no relief to the bowels. He has been traveling, or he has changed his diet, or his accustomed routine has been in some other way interrupted. The subject is seriously considered: in the light of an excited self-consciousness impending dangers are seen, and forthwith he determines to take "a dose." But the taking of doses is an inconvenient and a disagreeable procedure, and so it is settled that the dose shall be a good one—such a one as will speedily and effectually overcome the constipation and relieve the patient of his trouble. The dose is taken, the bowels (small, perhaps, as well as large) are emptied of their contents, the object of treatment has been achieved, and all for a time seems well. But the next day arrives, and there is no fresh movement of the bowels; even a second day passes, and they are still inactive. The patient is more uncomfortable than he was before he took his "dose." What is to be done? Matters cannot continue as they are. Plainly the medicine first employed has confined the bowels, and so another must be taken which shall be free from this disadvantage. The other is taken; again the bowels are freely moved, and a liquid, light-colored, mucoid, and feculent discharge attests the success of the new endeavor. But the bowels fail to resume their periodical discharges; the patient becomes worse than ever; again he flies to artificial help for relief; again he is disappointed in recalling nature to her own ways; and at last the bowels, robbed of their normal conditions of action and exhausted by frequent irritation, refuse to act at all except under the spur of strong aperients frequently repeated. With few exceptions, no person has passed through this experience and fallen under the tyranny of aperients without finding his life invaded

by a pack of petty miseries which lower his health, vex his temper, and cripple his work. Now, for the most part all these troublesome consequences of constipation may be avoided by attending to the conditions of healthy defecation. The chief of them requiring consideration at this time, and assuming the integrity of the nervo-muscular apparatus of the bowels, are plenty of solid and liquid digestible food, a fair amount of refuse matters in the colon, regard to the promptings of nature, daily solicitation at an appointed time, the co-operation of expectation and will, and contentment with a moderate discharge. I propose to discuss briefly each of these conditions.

1. Plenty of solid and fluid digestible food. People leading a sedentary or a society life become disposed to eat too fine foods, and to drink too little liquid. Among the results of such habits are a general want of nervo-muscular vigor, a deficiency of intestinal secretion, and an insufficient amount of refuse matter in the bowels to secure daily relief. To correct this without the help of drugs, coarse and irritating foods are taken. For a day or two perhaps they succeed; but after a time they provoke catarrhal irritation, and either increase the constipation or bring about lenteric diarrhœa. As a rule, it is a practical error to treat constipation by means of hard, indigestible, and irritating articles of food.

2. A moderately full colon is essential to the sufficient periodical discharge from the bowels. It is true that the ordinary peristaltic action of the bowels is automatic, and substantially independent of external stimulation; but it is, I think, equally true that for the stronger peristaltic action which, accompanied by inhibition of the associated lumbar centre and relaxation of the anal sphincter, issues in normal defecation, an external stimulus, the stimulus of an adequate amount of retained feces, is necessary. If by an aperient, or by any other means, the colon is more or less completely emptied of its contents, defecation will be suspended until the colon becomes again more or less full; it cannot act independently of the appointed conditions of action; it cannot make bricks without straw.

3. Regard to the promptings of nature. When the lower part of the sigmoid flexure is full, sensory impulses are sent to the nervous centres, and these are responded to by

discharges which not only excite vigorous peristalsis in the upper part of the colon and solicit the coöperation of the will, but tend to inhibit the lumbar centre and to bring about relaxation of the anal sphincter. The conditions of defecation are present, and it needs only a patient effort of will and concurrent expectation to originate and complete the operation. But when attention to these promptings of nature is denied they cease for the time; and although they recur and suffice for action, the denial, if often repeated, blunts the sensibilities of the parts concerned, deprives us of the normal intimations of the need for relief, and brings about a form of constipation difficult to cure.

4. Daily solicitation of nature at an appointed time. It has been found that for the great majority of people the most favorable, and also the most convenient, time for procuring relief to the bowels is after breakfast; and it is one of the greatest helps to sufficiency and regularity of action that the daily solicitation of nature should be practiced at that time. In order that both solicitation and action should become developed into a habit, it is necessary that nature should not be listened to at any other than the appointed time. And in this precept there is no contradiction of the statement made in the previous paragraph; for it is not the temporary and exceptional denial of nature with the view of establishing a regular habit of defecation—it is the repeated denial of nature with no such object in view, which blunts the reflex sensibilities of the parts concerned and brings about an obstinate constipation.

5. The coöperation of expectation and will. Many persons seek relief to the bowels without taking any pains to secure success. With some persons, indeed, such pains are unnecessary. A certain automatism has been established; and it needs only time, place, and position to set it in successful motion. But in persons whose defecation is difficult, direct attention, expectation, and effort are essential, and when patiently practiced seldom fail. The practice of slight alternate contraction and relaxation of the anal sphincter sometimes provokes exceptionally active peristalsis of the lower colon; and so, with concurrent effort, secures relief which could not otherwise be obtained.

6. Contentment with a moderate discharge. Ignorance of the average amount of feces required for the daily healthy relief of the bowels is one of the main causes of constipation, the unnecessary use of aperi-

ents, and the evils that arise from both. For a man of average weight, consuming an average amount of food, the average amount of feces ready for discharge in twenty-four hours is about five ounces. This should be formed, sufficiently aerated to float, and coherent. According as the cylinder is moist or dry it will measure from four to six inches in length. Now, many people expect to have a much more abundant discharge, and are dissatisfied or anxious if they do not get it. They complain of their insufficient relief, and take aperients to make it larger. For a day or two larger discharges are procured, but then, when the reserves of feces are removed and the colon is empty, and the conditions of defecation no longer exist, more or less complete inaction of the bowels ensues, constipation (as it here erroneously called) becomes confirmed, new and stronger aperients are had recourse to, and at last the patient falls into a pitiable condition of physical suffering and moral wretchedness. And from this condition there is no escape except through the complete suspension of aperients, the renewal of obedience to physiological laws, and a courageous patience in waiting upon nature.

I will conclude these imperfect remarks by putting down as briefly as possible the instructions which I ask my pupils to give to their patients for the management of simple constipation:

1. On first waking in the morning, and also on going to bed at night, sip slowly from a quarter to a half pint of water, cold or hot.

2. On rising, take a cold or tepid sponge bath, followed by a brisk general toweling.

3. Clothe warmly and loosely; see that there is no constriction about the waist.

4. Take three simple but liberal meals daily; and, if desired, and it does not disagree, take also a slice of bread and butter and a cup of tea in the afternoon. When tea is used it should not be hot or strong, or infused over five minutes. Avoid pickles, spices, curries, salted or otherwise preserved provisions, pies, pastry, cheese, jams, dried fruits, nuts, all coarse, hard, and indigestible foods taken with a view of moving the bowels, strong tea, and much hot liquid of any kind, with meals.

5. Walk at least half an hour twice daily.

6. Avoid sitting and working long in such a position as will compress or constrict the bowels.

7. Solicit the action of the bowels every day after breakfast, and be patient in solicit-

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ing. If you fail in procuring relief one day, wait until the following day, when you will renew the solicitation at the appointed time. And if you fail the second day, you may, continuing the daily solicitation, wait until the fourth day, when assistance should be taken. The simplest and best will be a small enema of equal parts of olive oil and water. The action of this injection will be greatly helped by taking it with the hips raised, and by previously anointing the anus and the lower part of the rectum with vaseline or with oil.

8. If by the use of all these means you fail in establishing the habit of daily or of alternate daily action of the bowels, it may be necessary to take artificial help. And your object in doing this is not to produce a very copious dejection, or to provoke several smaller actions; your object is to coax or persuade the bowels to act after the manner of nature by the production of a moderate more or less solid formed discharge. Before having recourse to drugs, you may try, on waking in the morning, massage of the abdomen, practiced from right to left along the course of the colon; and you may take at the two greater meals of the day a dessert-spoonful or more of the best Lucca oil. It is rather a pleasant addition to potatoes or to green vegetables.

9. If the use of drugs is unavoidable, try the aloin pill. Take one half an hour before the last meal of the day, or just so much of one as will suffice to move the bowels in a natural way the next day after breakfast. If it should produce a very copious motion, or several small motions, the pill is not acting aright: only a fourth, or even less, should be taken for a dose. When the right dose has been found it may be taken daily, or on alternate days, until the habit of daily defecation is established. Then the dose of the pill should be slowly diminished, and eventually artificial help should be withdrawn.

The aloin pill is thus composed:

R. Aloinæ,	½ gr.
Extr. nucis vom.,	½ gr.
Ferri sulph.,	½ gr.
Pulv. myrrhæ,	½ gr.
Saponis,	½ gr.
Fiat pil. i.	

If the feces are dry and hard, and if there is no special weakness of the heart, half a grain of ipecacuanha may be added to each pill. Should the action of the pill be preceded by griping and the character of the action be unequal, half a grain of fresh extract of belladonna will probably

remove these disadvantages. If the aloin pill gripes, provokes the discharge of much mucus, or otherwise disagrees, substitute the fluid extract of cascara sagrada, and take from five to twenty drops in an ounce of water either on retiring to bed or before dinner. And when neither aloin nor cascara agrees, you may succeed by taking before the mid-day meal two or three grains each of dried carbonate of soda and powdered rhubarb.

The exact agent employed for the relief of constipation is of much less importance than its mode of operation. If, whatever the agent may be, it succeeds in producing after the manner of nature one moderate formed stool, it may be, if necessary, continued indefinitely without fear of injurious effects. But, treated upon physiological considerations, I have the belief that in the great majority of cases simple constipation may be successfully overcome without recourse to aperients.

Treatment of Scarlatina Maligna.

Before an English Medical Society Dr. Michie read a paper on the use of the vapor of an impure preparation of carbolic acid in the treatment of scarlet fever during a severe outbreak which occurred some time previously in the fishing village of Cove. He held that his treatment at once reduced the malignancy of the disease, and soon removed the poison from the place. The village of Cove has a population of over five hundred people, and, at the time of the outbreak, was in a very unsanitary condition. The number of cases was thirty in all, mostly children of school age. The outbreak commenced in a very grave and fatal form, and, in the absence of eruption, could only be designated as diphtheria of the worst type. The first three cases died on the second day without any eruption, the next two on the fourth day, when a dark, hazy eruption was making its appearance. In all, however, great swelling of the throat and extensive membranous exudation were early symptoms. Three other cases of the same kind having occurred, and isolation being impracticable, Dr. Michie was led to abandon curative for prophylactic treatment. There was immediate relief. The membranous exudation began to exfoliate; and in twenty-four hours the process was complete, and the dusky skin gave place to an extremely abundant scarlet eruption. All three recovered. A few less severe cases occurred in houses where the disease had already existed in the

malignant type, and where the vapor treatment had already been instituted. These were followed by several cases of a progressively milder type, and finally the outbreak was quelled, after having invaded nine houses and affected thirty children, of whom five died. From the above description, there could not be the least doubt of the value of the treatment. As an illustration, Dr. Michie cited that of a house of two apartments, three beds, and ten inhabitants, in which two of the fatal cases occurred. These two children were treated in a room where four other children slept, where the food for the household was cooked, and where the family congregated during the illness of the two children. The vapor-treatment was commenced in this house only an hour or two before the death of the second child, and was energetically continued for some days, when four of the family suffered, not from scarlet fever, but from a "catarrhal pharyngitis," or "scarlatina sine eruptione." No one else in the household suffered. Another case was that of a boy aged 8, who suffered from the anginous variety, with rash on second day, and who occupied one of three beds in a room measuring 13 by 14 feet, in which seven other persons, including three adults, slept. Here the vapor-treatment was early adopted; the boy made a good recovery, and no other member of the household suffered even from sore throat. Dr. Michie was of opinion that the quality of the carbolic acid had a good deal to do with the success of the treatment. It had a heavy, black, tarry appearance, as if so much coal-tar oil had been carried over in the process of distillation. Half an ounce of this was vaporized every three or four hours by placing it on a flat piece of heated iron. In this way a vapor of great density and volume was produced, which penetrated into the utmost recesses of the sick-chamber, and into the clothes and respiratory tracts of the occupants. Dr. Michie thought the success depended (1) on getting the full antiseptic value of the acid in a state of vapor; (2) on the quality used, partly tar, partly acid; (3) on the frequency with which it was applied; and (4) on the continuance of the treatment for days after the last case in a house had recovered. The more malignant the type, the more value was to be derived from the early application of the tar and acid in a state of vapor; and, whatever the type, the sooner the disinfectant treatment was brought into use, the sooner they would be able to eradicate an outbreak of so infectious a disease.

Case of Intestinal Obstruction in an Infant Caused by the Ingestion of Wool.

Dr. Wm. R. White thus writes in the *Medical News*:

I was called at 1 a. m., February 12, 1884, to see E. H., a girl twelve months old, whom I had never seen previously. Her mother gave the following history: The baby had been vigorous and healthy in every respect from birth, and had developed rapidly, being able to walk unaided and to talk considerably. Her only nourishment had been breast-milk, except now and then a little bread or cracker. She had never had any intestinal trouble until now. There had been no evacuation of the bowels for the last two and a half days, and for the last twenty-four hours the child had been very restless and uncomfortable, not sleeping, refusing to nurse, and evincing abdominal pain. To relieve her, the mother had given no medicine whatever, but had tried several enemas of molasses and water, but with no avail. The last one, administered the evening previous, had caused a severe convulsion, which, however, was not of long duration. The urine had been voided naturally, and there had been no vomiting, but frequent retching and eructation. I first saw the child about five hours after the occurrence of the convulsion already referred to, and found her lying awake, but quiet, on the bed. She was not feverish, and evidently not in severe pain. The abdomen was slightly protuberant, but neither tympanitic, unduly tense, nodular, nor tender on palpation. There was no evidence of thoracic or cerebral trouble. When asked particularly if the child had swallowed any foreign substance or any unusual or indigestible matter of any kind, the mother gave a *confident reply in the negative*.

I offered no special diagnosis, but from the appearance of the patient and the history of the case, ventured the opinion that a prompt and thorough evacuation of the bowels would effect a cure. So far as could be ascertained, the enemas had been properly administered, and had not only failed to give relief, but had undoubtedly been the exciting cause of the convulsion, hence it was thought best to discontinue that line of treatment.

I at once gave the child a powder containing two grains each of calomel and sugar, directing that the same dose be repeated in a few hours if necessary. The effect of the single dose was, however, wholly satisfactory, as I was told, on visiting the case the next afternoon, that the little patient had seemed

no worse during the remainder of the night, and that between 8:30 and 10 o'clock a. m., there were four copious and painless dejections, composed partly of normal faecal matter, with which was mixed up a large proportion of *masses of wool fibres*, of which the quantity was so great as utterly to astound the mother. She at first did not recognize the nature of the foreign substance, but on detecting unmistakable pink and blue fibres among the rest, the case became clear to her mind at once, as she then remembered having often seen the baby picking at the fleece of the soft woollen blanket on its bed, and that she had more than once removed wads of these fibres from the child's mouth, but had no idea that any had been swallowed.

The dejections had been already disposed of in the water-closet, so the writer could only judge of the amount of wool they contained by the estimate of the mother, who affirmed it to be at least as much as she could hold in her two hands.

The baby was then running about the house, bright and well as usual, and there were no signs of intestinal trouble subsequently.

Thallin in Typhoid Fever.

The introduction of such drugs as "kairin," "antipyrin," and "antifebrin" has somewhat diverted attention from a very powerful antipyretic agent, viz., thallin. Professor Ehrlich lately presented to the Clinical Society of Berlin the results of some researches he has been making with his last-named agent, especially in the treatment of typhoid fever. (*Munch. Med. Woch.*, No. 47.) From experiment, he had found that after administering the drug to animals it was not retained in the nerve centres, but mostly in the fatty tissue of the body. He also found that there was a marked difference in toxic action, according to whether it was administered by the mouth or subcutaneously, the greater inertness of its effect in the former case being attributable to the hindrance to absorption from the presence of intestinal contents. The lesions induced by a toxic dose comprised fatty degeneration of the kidneys, necrosis of the salivary glands and pancreas, and hemorrhagic infarcts in the renal pyramids. The chief action of thallin is antipyretic, but it is capable also of moderating inflammation. As regards typhoid fever, it was administered by Ehrlich in two different ways. The first plan consisted in commencing with doses of 0.06 gramme every hour, and reducing the dose to the minimum re-

quired to give any effect. The other plan was to commence with a minimum dose, and increase it until an effect was produced, and then to continue the prescription at the dose thus attained. The action of thallin is especially noticeable in its effect on the sensorium and general condition of the patient, who presents the appearance of convalescence, whilst the splenic swelling and roseola are still present; and if the drug be discontinued, the temperature will rise again. It is not therefore surprising to learn that, whereas of twenty-eight cases treated by bathing the average stay in hospital was thirty-seven days, of seven cases treated by thallin (minimum doses) the duration of treatment was forty-seven days, and cases on a scale of progressive doses thirty-eight days. However, Professor Ehrlich claims advantages for the drug in the absolute control it exerts over the pyrexia, and the sense of well-being enjoyed by the patient. There were no intestinal hemorrhages in these cases, and no instance of perforation. The kidneys were not affected, but sequelæ in the form of hyperæmia and œdematous swellings seemed due to the use of the drug. It was not thought that thallin had any specific action against the typhoid bacillus, but it did seem to limit the degree of intestinal ulceration. Professor Ehrlich considers it to be on a level with the bath treatment. Dr. Fränkel pointed out that if the statement were correct that thallin is not found in the nerve-centres, its action in reducing temperature was rather inexplicable. He had exhibited it in increasing doses, but could not say that the patients experienced any special benefit attributable to the diminished fever. Dr. Guttman had not been favorably impressed by its use, and had noted the production of rigors.

Extirpation of Goitre in Berlin.

Herr Weidemann has collected and published the statistics of the operation as performed in the Augusta Hospital, Berlin, between the years 1880 and 1885. Extirpation was performed 25 times during this period, 22 of the patients being females and 3 males. Seven of the patients were in the second decennium, six in the third, four in the fourth, two in the fifth, five in the sixth, and one in the seventh. With the exception of three cases all were from one region, viz., the Mark provinces (of which Berlin forms the centre), Uckermark and Neumark being the most numerous represented. In later years an increase in the number of cases had been

noticed, and especially in Berlin. In two cases the goitre was cancerous in its nature. In three cases a history of heredity was observed. One case showed all the symptoms of Basedow's (Graves') disease. In this case the symptoms disappeared after operation. The author sees in this an indication of the correctness of the view that there is no such entity as Basedow's disease, that the first step is goitre, the other symptoms being produced by pressure of the tumor on the sympathetic. During pregnancy the tumor not only underwent a temporary enlargement, but one that to some extent was permanent. In one case that had existed from youth, a rapid development took place after the "change." In almost all the females affected, the menses appeared late. Three women had aborted, and at periods when the tumor caused inconvenience, but whether in consequence of the respiratory troubles could not be determined. The author was, however, disposed to look upon goitre as a factor in the late appearance of the menses, and also in the production of the abortion. At the time of operation, asphyxia had occurred in three cases, which necessitated tracheotomy in every case. The cause of the sudden asphyxia lay in atrophy of the tracheal cartilage, and consequent flattening of the trachea from pressure. In seventeen cases partial resection of the "gland" was performed, and in every case the patients are now perfectly well. Of six total extirpations, two died of secondary hemorrhage, one patient had to wear a tracheal tube in consequence of previously existing paralysis of the recurrent nerve. In the case of a boy, fourteen years of age, a pronounced cachexia has since developed, with myxœdema. Both the cases of malignant disease died, one from recurrence of the disease a few months after the operation, the other shortly afterwards from "mediastinitis."

Phosphatic Diabetes.

Dr. Ralfe recently introduced to the notice of the Medical Society of London a patient suffering from phosphatic diabetes, and read particulars of twelve others. These he arranged in groups according to the classification of Professor Teissier, who first gave a systematic account of the affection.

Group 1. Excessive elimination of phosphoric acid, associated with nervous derangement; three cases.

Group 2. Excessive elimination of phosphoric acid, associated with phthisis; three cases.

Group 3. Excessive elimination of phosphoric acid alternating with saccharine diabetes; three cases.

Group 4. Excessive elimination of phosphoric acid running a distinct course, like saccharine diabetes, only without the sugar; five cases.

All the cases, with the exception of two, were young adult males. The symptoms common to all were great emaciation, aching rheumatic pains in loins and pelvic regions, dry, harsh skin, with tendency to boils, and ravenous appetite; in some cases cataract develops. In the majority there was polyuria; in others the urine was normal in quantity, with a high specific gravity. The urea was increased in some cases slightly, in others to a greater extent; but the great feature of all the cases was the very considerable and constant elimination of phosphoric acid, with or without increase of the other constituents of the urine—a feature which distinguishes it from insipid diabetes on the one hand and azoturia on the other, with both of which it has been improperly confounded. The pathology, Dr. Ralfe thinks, depends not so much on increased metabolism of nervous matter as on defective nutrition, so that the tissues are not able to utilize the phosphorus brought to them, and consequently a greater amount passes through the system daily. In those cases in which an excessive excretion of phosphoric acid replaces saccharine diabetes, it is probable that acids like oxy-butyric-glycolic, etc., formed by imperfect oxidation of the sugar, dissolve out the earthy phosphates from the tissues, which appear in excess in the urine. As regards the prognosis in these cases, it is most unfavorable in the first two groups; country air, massage, cod-liver oil, may for a time do good, but the patients rapidly fall back, and either are carried off by some acute attack proving fatal in their exhausted condition, or drift on into phthisis, or into diabetes mellitus. The prognosis of the last two groups is much more favorable; of the three cases recorded in group three, two got completely well; the third still suffers from saccharine diabetes, but it remains in a mild form.

The Treatment of Stricture of the Urethra by Gelosine Bougies.

The *Boston M. and S. Jour.* says:

The treatment of urethral stricture by bougies of gelosine is an application of the principle whereby dilatation of the natural passages (like the cervix uteri) is effected by substances which, like laminaria, swell under moisture.

Bedoin has lately reported to the Paris Société Therapeutique satisfactory results in the use of gelosine in urethral stricture. Gelosine is the Japan sea-weed, which, in its dried state, undergoes a gradual and extreme degree of augmentation of volume when brought into contact with liquids, such as water, or the secretions of the human body.

Bedoin has devised cylindrical bougies of various sizes out of this alga, which, according to his experience (he has now tried them in several bad cases) when employed in stricture of the urethral canal effect very thorough dilatation, and with very little pain. He regards gelosine as fulfilling all the conditions requisite for the preparation of bougies which are strong and flexible, may be used with entire safety, and are sure to do their work thoroughly and effectually.

Such, at least, is the inventor's opinion. The introduction of tents into the strictured portion of the urethra was tried and abandoned about the middle of the last century, because of the serious accidents to which the method gave rise.

At the séance of the 7th of June, 1854, of the Paris Surgical Society, bougies of prepared sponge, as proposed by Professor Alquié, of Montpellier, were exhibited, but their use was evidently of short duration. Flexible ivory had been previously experimented with; bougies of this material possess, like sponge, the property of dilating in the canal, but, in practice, they dilated above and below the stricture faster than at the strictured portion, so that withdrawal was extremely difficult. Laminaria bougies were highly praised by Dr. Robert Newman in the *Medical Record* of July 1, 1872.

The prolonged retention in the urethra of a bougie which fills the canal, keeping up only a passive, and not a constantly-increasing distention, is very likely to give rise to serious disturbances. Even the retention of a small instrument is an evil only to be suffered on special occasions. The constantly-increasing pressure of any slowly-dilating material within the urethra is sure to prove an evil sooner or later, no matter how promising the first experiments with some new material may seem.

The Influence of Tea-poisoning on the Course of Syphilis.

In the *Ejenedelinaia Kinitcheskaia Gazeta*, No. 6, 1886, Dr. S. A. Smirnoff, the president of the Piatigorsk Balneological Society, publishes an interesting note on the

subject. According to his extensive experience, Siberia sends to the Caucasian mineral waters the most obstinate and dilatory forms of syphilis. That fact may be explained to a certain extent by climatic conditions, want of timely regular treatment, and possibly also by some obscure peculiarity of the infection usually contracted by Siberian patients in China and Japan. An unmistakable influence is produced also by chronic tea-poisoning. The author speaks of so-called "tea-testers" (Russian tea merchants use the English word as it stands), who, when present on the Chinese frontier for buying the article, are obliged to test from 150 to 200 specimens of strong tea-infusion daily. True, they do not swallow the infusion, but all the same a slow intoxication appears in them. The symptoms are loss of appetite, constipation alternating with diarrhoea, failure of general nutrition, periodical epigastric pains, enlargement of the liver with subsequent atrophic cirrhosis, dryness and sallowness of the skin, hypochondriacal frame of mind, marked failure of memory, failure of sight (weakness of visual acuity, sometimes diplopia), failure of taste and smell. When they happen to contract syphilis, they are very slow to yield to the mercurial treatment. To make them more amenable, Dr. Smirnoff treats them before all by alkaline Essentük waters, with sulphur baths, and only afterwards passes to the specific mean. The results are often admirable.

Stomach Digestion.

Opportunities for studying gastric digestion through fistulous openings into the stomach are, says the *Med. Press*, thanks to modern surgery, more frequent than formerly. This is important, as the physiology of digestion, as understood at the present day, requires more than the classical instance of Alexis St. Martin to place it on a sound experimental basis. Such a case with experiments *ad hoc* is recorded in a revue scientifique by Von Herzen, of Lausanne. The subject was a man, æt. 28, on whom gastrostomy had been performed for occlusion of the œsophagus. The observations made were as follows: Bile always appears in the stomach during digestion, but generally only in the later stages. The amount of HCl amounts to 1.8 to 1.9 gm. pro litre; it increases during digestion, and reaches its maximum in the third hour. Sodium chloride appears rather to diminish the amount of acid. When the stomach was empty in the morning, but little pepsin was found,

and a large amount of propepsin; peptogen accelerated digestion. In the first hour, of a quantity of albumen introduced, 2 per cent. was digested without peptogen, 12 per cent. with it. In the second hour, 23 per cent. was digested without, 45 per cent. with peptogen. In the third hour, 51 per cent. without, 76 per cent. with peptogen. These results agree with those obtained by Schiff. Chloral, quinine sulphate, and above all, potassic iodide, retard digestion. The author would forbid red wine in disturbances of digestion, but would recommend bouillon and dextrine; blood fibrine is also indicated in many cases.

The Antiseptic Treatment of Summer Diarrhœa.

Dr. L. Emmet Holt thus concludes a paper in the *N. Y. Med. Jour.*:

From the foregoing discussion the following conclusions are drawn:

1. Summer diarrhœa is not to be regarded as a disease depending upon a single morbid agent.

2. The remote causes are many, and include heat, mode of feeding, surroundings, dentition, and many other factors.

3. The immediate cause is the putrefactive changes which take place in the stomach and bowels in food not digested, which changes are often begun outside the body.

4. These products may act as systemic poisons, or the particles may cause local irritation and inflammation of the intestine.

5. The diarrhoeal discharges, at the outset at least, are to be looked upon as salutary.

6. The routine use of opium and astringents in these cases is not only useless, but, in the beginning particularly, they may do positive harm, since, by checking peristalsis, opium stops elimination and increases decomposition.

7. I do not deny nor undervalue opium in many other forms of diarrhœa than the one under discussion.

8. Evacuants are to be considered an essential part of the antiseptic treatment.

9. Experience thus far leads me to regard naphthalin and the salts of salicylic acid as the most valuable antiseptics for the intestinal tract.

Benzoin in Treatment of Ulcers.

In the *Russkaia Meditzina*, No. 35, 1886, Dr. A. Voskresensky, surgeon to the Fëodosiïsky Regiment, highly speaks of benzoin (*Resina benzoë*) as a specific remedy for treating ulcers of every kind, but especially

those which occur in emaciated, cachectic, and old persons. The remedy is largely used for the purpose by Russian peasants from the oldest times. The author employs it in the shape of a salve, prepared *extempore* of two drachms of *resina benzoë*, half an ounce of yellow wax, and half an ounce of lard. The ointment is spread in a moderately thick layer over a piece of linen, and placed on the ulcer. The latter must be previously irrigated with tepid water, and then dried with hygroscopic cotton-wool. The dressing is to be changed as a rule twice daily, but in cases of very large or old ulcers it is advisable to change it three times a day. A marked improvement becomes visible within a few days; torpidity of the ulcer, callosity of its edges, and its liability to bleed rapidly disappear: granulations assume a more rosy tint, and begin to discharge a thick benign pus; while there appears a whitish-bluish zone of the corium, which gradually spreads from the periphery towards the centre of the ulcer. So favorable an action of benzoin on ulcers is ascribed by the author partly to its disinfectant and antifermentative, partly to irritant properties.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—A practical paper by Dr. J. M. Kershaw, of St. Louis, is upon the care of the mother and child in the lying-in room.

BOOK NOTICES.

Diseases of the Joints. By Howard Marsh, F. R. C. S. Small 8vo.; pp. 461. Lea Brothers & Co., 1887.

This volume belongs to the series of "Clinical Manuals for Medical Students and Practitioners," of which we have previously recorded the various issues. The present number seems to us hardly equal in merit to most of its predecessors. It savors more of a compilation, and draws less manifestly from the writer's independent observation. Nevertheless, it is an instructive little book, and describes the various diseases of the joints with considerable detail. A number of illustrations and one colored plate are added, and serve to set forth the text with advantage.

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PARALYSIS DUE TO COMPRESSION OF THE SPINAL CORD.

Paraplegia frequently is a symptom due to a myelitis, which may be produced by various morbid lesions, amongst which is compression of the cord. Dr. Strümpell, in Erlangen, has recently made interesting studies concerning the paraplegia produced by compression of the cord, especially when the latter is caused by accumulation of pus from diseased vertebrae or by other affections of the bony covering of the cord. In his investigations he made the important discovery that such a pressure, while giving rise to paralysis of both lower extremities, produces this palsy by mechanical action and without the development of any inflammatory process. These are the cases where after death no part of the spinal cord shows any degeneration, and also those cases belong here where after absorption or otherwise removal of the compressing substance, the paralysis disappeared and motion returned as good as ever. In this way the cases may be explained where disease of the vertebrae is accompanied by paraplegia which ceases as soon as the morbid state of the vertebrae has become cured.

In Pott's disease it is the spontaneous peripachymeningitis which brings about a cure and leads to the absorption of the pus. When the curative inflammation has reached such a degree as to have resulted in perfect immobility of the diseased vertebrae, the pus is sometimes absorbed with surprising rapidity, and experience has proved that this favorable state of affairs is occasionally brought about with great suddenness by powerful emotion, which seems to be a great factor in stimulating absorption of inflammatory products. Such cases are often reported as complete faith-cures, and we ourselves know of one case where scrofulous disease of two dorsal vertebrae had produced an accumulation of pus which pressed upon the cord at that place and caused paraplegia. The cessation of the pain on motion and various other symptoms had demonstrated the consolidation of the diseased vertebrae, which under treatment had occurred with very little change in the position and appearance of the spine; but the paralysis of the lower extremities still remained, until one day, under the influence of the powerful emotion caused by the excitement attending a faith-cure, suddenly the paraplegia left and the patient could walk. Any other excitement might have resulted the same way, though the palsy would have slowly disappeared under any conditions as soon as the mechanical ob-

struction was removed—here the accumulated pus.

On account of the grave prognostic points involved, the observations just recorded are of great importance; as above, the fact is elicited by Strümpell that the compression may result in paraplegia, due to transient mechanical means and remediable without leaving a trace behind in the cord itself, as this need not be affected at all in such cases.

COLD WATER IN FEVERS.

Thirty or more years ago physicians starved their fever patients, and were opposed to the use of cold drinks in these diseases. The writer of this remembers a case that he saw in consultation with a colleague some twenty years ago. The poor patient lay there in an apathetic condition, and the end seemed to be near. The movements of his tongue and lips appeared to indicate great thirst; the lips seemed parched. On close inquiry, he discovered that the patient had received no nourishment of any kind, and no fluids, neither water, nor milk, nor tea, nor any other beverage, for the last six days at least. The attendants only remembered some warm tea that he had taken just one week previously, and he had since refused taking medicine—for the last four days, nobody had made an attempt at least of administering any to him. The attending physician later admitted that he had completely forgotten to inquire about food or drink, and perhaps the more so as he had considered the case hopeless for more than a week. The story seems improbable to-day. He yet remembers the eager haste with which the poor sufferer swallowed the small quantity of cold water he gave him. For nearly an hour he handed him every few minutes alternately cold water, milk, bouillon, whisky with water, and thin oatmeal gruel, and the eager haste did not cease until near the end of the hour, when he gave directions for feeding him every two hours with some fluid nourishment, and for the administration of about two tablespoonfuls of water every five minutes, while every half an hour a teaspoonful of whisky was added to it. For fully four days the patient each time showed the pleasure he felt on receiving the food or drink; he greatly improved, and had the first healthy sleep the fifth night, after which he was fed in the usual manner, and given to drink when he asked for it. He completely recovered.

Though the starving system has ceased, there is danger of our falling into the oppo-

site error, and especially the administration of large amounts of cold drinks seems to be attended with some risk. Dr. Glax, of Graz, (*Deutsch. Med. Zeit.*, December 14, 1886,) has found that drinking of profuse quantities of cold water produces an increase of temperature. The water thus imbibed in great amount by patients suffering with fever is not at once all absorbed, but a retention occurs, which ceases only with the disappearance of the fever, when a greatly increased diuresis expels the fluid. With this accumulation of fluid in the body, the increase of temperature goes hand in hand, so that we may influence the fever and reduce the heat by limiting the water supply.

An explanation of the *modus operandi* may be found in the following: When the tonus of the blood-vessels is lowered, the introduction of large quantities of water into the system gives rise to a retarded capillary circulation, so that the time during which the minute particles of tissues are in contact with the blood is prolonged, a fact necessarily augmenting oxidation, while the moment the introduction of water is limited the opposite takes place, and the capillary circulation is quickened, and oxidation and with it the bodily heat diminished.

COMPARATIVE PATHOLOGY.

It would be a long step in advance if we could reach some broad generalization which would correctly express the difference between health and disease. Such a generalization would have to take account of many facts not contained in the pathologies we are accustomed to study. It would have to go beyond the human organism and include that of all animal forms; more than this, it would be incomplete if it omitted the vast number of organic existences which make up the vegetable kingdom; nay, it could not stop there, for recent researches by learned and competent observers, especially in Italy and France, have shown beyond question that wholly inorganic bodies, such as crystals, are subject to diseases which they resist or attempt to overcome by processes of repair and substitution, strangely analogous to those seen in man.

Pathology therefore will not be studied successfully until it is studied in its broadest horizons. Possibly its secrets will be found to lie nearest the surface in its simplest expressions. As the biologist turns to the least complicated forms of life as the most promising paths for his pursuit, so the pathologist will probably find that the diseased condi-

tions of minerals and vegetables will be his most suggestive guides to understanding the perturbations of the complexity of man's economy. The near future bids fair to furnish some interesting revelations in this direction.

NOTES AND COMMENTS.

Pilocarpine in Datura Poisoning.

Dr. Roth (Nagy Bajour, Hungary) was summoned to a little girl, aged 4, whom he found quite unconscious. The pupils were dilated, the face and the rest of the body were swollen as in dropsy, and covered with a rash resembling that of scarlatina. The little patient was uneasy and restless, and ground her teeth. Pulse 146, slight and weak; respirations, 40; temperature 39° Cent. (102.2° Fahr.). Her bowels had not been opened, nor had she passed urine since the commencement of the attack. A local medical man had prescribed fifteen centigrammes of antimony; but her father, who was a chemist, being persuaded that this would do no good, gave her a solution of sulphate of copper. She vomited a large quantity of the fruit of the datura stramonium. Dr. Roth, remembering how Professor Purjeck had cured a case of atropine poisoning by means of subcutaneous injections of pilocarpine, administered half a centigramme of that drug in twelve hours. This produced neither salivation nor perspiration, and there was no improvement. After a centigramme had been injected, however, the rash and the swelling began to subside. A quarter of an hour later, another centigramme was injected, and the child's condition improved still more. The injections were continued, and at six o'clock the pupils had become almost normal. Pulse 120; temperature 39.7° Cent. (102.9° Fahr.). The patient spoke with ease, and said she felt hungry. An hour later, as there was still no perspiration, another half centigramme was injected. Salivation and perspiration ensued, and rapid recovery followed. Altogether, five grammes and a half were administered. Dr. Roth considers that this dose was necessary to neutralize the poison.

The Heart and Large Abdominal Tumors.

At a recent meeting of the Biological Society of Paris, M. Pierre Sébileau read a paper on the heart and large abdominal tumors. Whilst house surgeon at the Salpêtrière Hospital in Dr. Terrillon's ward, he

was struck by the frequency of cardiac complications in women suffering from large tumors of the abdomen. Among forty-six cases of that kind the condition of the heart was not noticed in eighteen; in eleven it was unaffected, but in seventeen there was functional disorder. Among these seventeen there were thirteen cases of cystic disease of the ovary, four of solid tumors of the ovary, and one uterine myoma. In the eleven cases in which there was no cardiac affection there were six of ovarian, or parovarian, cysts, three of uterine myoma, one of chronic encysted peritonitis, and one of large hydatid cyst of the liver. The conditions noticed were hypertrophy of the left ventricle, or dilatation of the same cavity, according to the period of the affection at which the patient was examined. Frequently both symptoms were co-existent. Hypertrophy is difficult to recognize, but dilatation produces mitral regurgitation. A souffle with the first sound is a constant symptom, systolic friction-sound is rare, and the pulse is slow and feeble. The heart may be affected by disturbance of the general abdominal circulation from pressure; by increase of area in the circulatory system; by secondary renal lesions resulting from the compression of the ureter; by reflex spasm of the general capillaries, or by deterioration of the blood. Pressure on the aorta, however, is in all cases the cause of the existing hypertrophy, or dilatation.

Diagnosis of Tumors of the Bladder.

At the French Congress of Surgery, M. Guyon made the following statement concerning the diagnosis of tumors of the bladder. Hæmaturia is a very important symptom, on account of its duration, its frequent recurrence, and its being easily provoked by the mere passage of a bougie. This serves to distinguish a tumor of the bladder from a tumor of the kidneys. The latter are recognized by the increased size and mobility of the kidneys, the concomitant varicocele frequently observed, and the cylindrical clot peculiar to hæmaturia and colic. A neoplasm in the wall of the bladder is discovered by examining the rectum and the bladder. Another important symptom is the increased size of the bladder. The introduction of a catheter does not reveal the presence of a tumor, but in certain cases may afford valuable indications. It has been suggested that perineal incision should be employed in order to determine the exact spot to which the growth is attached. M.

Guyon does not recommend this, except in cases in which the tumor causes complications such as cystitis, retention of urine, or any kind of disturbance in the urinary function. In such cases the operation should be done rapidly. M. Guyon prefers hypogastric to perineal operations, and uses the actual cautery in the lower part of the bladder. He performed eighteen operations on fifteen patients, and discovered thirteen malignant and two benign tumors.

The Leaves of Cloudberry as a Diuretic.

In the *Russkaia Meditzina*, No. 34, 1886, Dr. Ivan Troitzky, of Smolensk, emphatically recommends an infusion of the leaves of cloudberry (*Rubus chamaemarus*; Russ., *moroshka*) as an excellent diuretic remedy suitable in dropsies of every description (and extensively employed as such in the Siberian popular medicine). To prepare the infusion, the author puts (in the evening time) two drachms of the dried (not too old) leaves into a teapot, pours over the leaves two teacupfuls of boiling water, and keeps the vessel during the night in a very warm place to use the infusion in the course of the next day (a cup in the morning, another in the evening). "Its taste is not very nasty, and becomes the less nasty the more the patient is habituated to the infusion." The author gives at length his own case. He is eighty years old, and has suffered from "œdema pedum" for more than ten years (chiefly every spring, but often also during summer, when the latter happens to be wet). At first he used *Adonis vernalis* and other diuretics, as well as elastic stockings, and obtained some benefit from them; but afterwards the said means ceased to bring any relief. Hence, about five years ago, he was compelled to resort to the infusion of cloudberry leaves, massage, and elastic bandage. The results were most satisfactory on every occasion. Under the use of cloudberry, the daily amount of urine always rises to 54, 60, 72, 83 ounces (to sink, after discontinuing the drug, to 55, 45, 40, 38 ounces). Each time a month's treatment of this kind proves sufficient to remove œdema and pain.

Paraffin in Surgery.

It is perhaps not so well known in the profession as it ought to be, that paraffin is a most useful material in surgery, in many cases superseding plaster of Paris. It answers admirably for splints, and for jackets for young children suffering from spinal disease. The advantages of it are that it is

clean, light, is capable of being moulded while it is soft, and sets rapidly by pouring cold water on it. It must be procured with a melting point of 130°. When ordering it it is necessary to specify the melting point required. The mode of using it is this: The paraffin is melted by placing a tin can containing it in a pot of boiling water. A muslin bandage well sprinkled with iodoform is put on the limb, or other part to which the paraffin dressing is to be applied. Muslin bandages loosely rolled are allowed to soak in the paraffin for a few minutes. If much support is required, a piece of cotton-wool is also soaked in the paraffin. This is placed where most stiffness is wanted, and the bandages applied as for plaster of Paris dressing. They may, however, be drawn tight as the paraffin shrinks from the limb in cooling. Cold water is then poured on it, and the limb held in position till the paraffin has set. When a bone tends to project, it can be kept in position by the finger till the paraffin has set. The hole left by the finger can then be filled up with some melted paraffin. In cases of compound fracture, the paraffin has the great advantage of not being affected by the discharge from the wound.

Antifebrin in Typhoid Fever, Pneumonia, and Sore Throat.

In a preliminary note in the *Russkaia Meditzina*, Nos. 44 and 45, 1886, Dr. Trüsheinikoff, of Odessa, describes his experience in regard to the use of antifebrin in abdominal typhus (four cases), croupous pneumonia (two cases), and angina. His general conclusions are these:

1. Antifebrin rapidly lowers the febrile temperature, which falls to the standard within two hours, to keep at the level for one and a half to two hours; and then, after a slight rigor with coldness of the limbs, to rise again and reach the original height.
2. The rapid fall and rise of temperature does not manifest any injurious influence on the heart, the pulse beating slower or more frequently according to the decrease and increase of the temperature, but never showing any other deviation from the normal.
3. Even in the dose of from two to five grains, antifebrin produces slight perspiration, the formerly dry skin becoming moist.
4. The drug acts also locally, since the tongue, which was formerly dry and thickly coated (e. g. in typhoid patients) becomes moist and red, and stools normal. Administered in the shape of a gargle (one scruple of the drug to five ounces of water), anti-

febrin soothes, and ultimately cures, inflammation of the fauces and pharynx.

Cantharides in Hydrophobia.

According to Dr. Lukomsky, of Prilūki (*Russkaia Meditzina*, No. 42, 1886), the Little Russian peasantry treat domestic animals bitten by a rabid dog or wolf, by administering dry cantharides, divided in three or four parts, in a bread pill, and simultaneously a decoction of *drok* (*Genista tinctoria*) is given. The treatment lasts two or three days, and, as a rule, proves quite successful. About forty years ago the author was called to five peasants who had been just before bitten by a rabid wolf. Having washed out their wounds, he applied unguentum cantharidum and administered internally half a grain of powdered cantharides with one grain of calomel twice daily, and a decoction of *drok* and root of wild elder-tree (*Dikaia biižina*), two glassfuls a day. Suppuration was kept up for three weeks; the internal treatment continued two weeks; cantharides, however, were discontinued each time as stranguria and scalding in the urethra appeared, to be again resumed after the disappearance of those symptoms. All four patients treated after this plan remained well, while the fifth, who had refused to take cantharides, died from hydrophobia. The same method of treatment was applied with equal success by Dr. Lukomsky in three other cases of bite by rabid dogs.

How to Abort a Felon.

Dr. John T. Metcalf writes to the *Boston Med. and Surg. Jour.*: "My father was a medical man, who graduated from the University of Pennsylvania in 1816 or 1817. In 1839 I learned from him that a felon could, if seen early enough, be made to abort by wrapping the finger-end with narrow strips of adhesive plaster. When pus had been formed, I learned twenty years ago, from a country doctor, that immediate relief and speedy cure would follow the gentle, slow separation of the nail from its envelope by means of a penknife blade, not too sharp, at the point nearest the seat of greatest pain. Very soon a drop of pus shows itself, and relief comes. I am aware that the plan described is known to many medical men. It was not known to me at the time referred to, when the country doctor showed me how to treat a paronychia patient, whose finger I was about to lay open by the 'free incision

down to the bone,' taught in the lessons of my great masters."

Disadvantages of Milk Diet.

At a recent meeting of the Société Médicale des Hôpitaux, M. Debove presented a patient, who is in good health at the present time. His case offers a striking example of the disadvantages of a milk diet. Two years ago he showed signs of alcoholic gastritis, followed by symptoms of simple ulcer of the stomach. A milk-diet was adopted, and the patient finally took as much as eight litres a day. After a certain time he grew weak, and reached such a condition of cachexia that he was unable to stand. M. Debove washed out the stomach, removing two and a half litres of liquid. This was repeated, and the patient was put on a diet consisting of one and a half litres of milk, with a little meat. The patient lost 36 pounds under a milk diet. Since M. Debove's treatment has been adopted, he has gained 30 pounds, and is now perfectly well. The excessive dilatation of the stomach was due to an excessive milk diet.

Cancer and its Treatment.

Dr. Blenkinsop made a passing reference to the pathology and causation of cancer before the Harveian Society of London, and then dealt with the purely medical aspect of the question, both in regard to internal forms of the disease, and its general constitutional treatment. He leaned to the belief in a cancerous diathesis, and argued in favor of preventive measures in suspected constitutions. He thought that efforts should be made to test the value of all remedies which presented a reasonable prospect of success, and related details of four cases in which lime salts appeared to have had a beneficial effect. He assumed that the deposit of lime salts in the vessels gave rise to atheromatous and calcareous degeneration, and so lessened the supply of blood to the cancerous tissues. Cretaceous preparations derived from the animal kingdom, for example from oyster-shells, appeared to derange the stomach less, and to be more readily absorbed.

Cocaine in the Incoercible Vomitings of Pregnancy.

Cocaine has lately come into use for the incoercible vomitings of pregnancy, says the *Boston Med. and Surg. Jour.*, and in several cases reported by Weiss, Engelmann, Holtz,

and Bois, it seems to have given good results. Weiss prescribes a teaspoonful every half hour of a solution containing fifteen centigrammes of hydrochlorate of cocaine in one hundred and fifty grammes of water. Engelmann and Holtz use a three per cent. solution in ten to thirty-drop doses, while Bois applies to the neck of the uterus, night and morning, a pomatum in which one centigramme of cocaine is incorporated with fifty grammes of vaseline. Fraipont prefers the hypodermic method, injecting under the skin a Pravaz syringe full of a four per cent. solution, and claims signal success in other forms of obstinate vomiting, as well as in the vomitings of pregnancy.

Antipyrin in Migraine.

In the *Meditzinskoie Obozrenie*, No. 23, 1886, Dr. Vladimir Sprimon, of Borisoglebsk, writes that he uses antipyrin in all cases of hemicrania, and, as a rule, obtains excellent results. Given at the height of a fit, the drug only partially relieves pain, but does not shorten the duration of symptoms (especially when the patient remains on his legs all the while). But when administered during the period of prodromal phenomena, antipyrin almost invariably cuts short the paroxysm within an hour, and allows the patient to immediately resume his occupations. The dose required is one scruple. In delicate persons, or in those liable to giddiness, it is better to divide the dose in two parts, and to give the second portion (if necessary) about half an hour after the first.

Death from Chloroform.

The death of a man aged fifty-four, while under the influence of chloroform, administered for the purpose of performing an operation on a long-standing disease, recently occurred at Bradford, England (*Brit. Med. Jour.*, January 15, 1887). The evidence given at the inquest showed that every precaution was taken, and that an examination of the heart before the administration revealed no evidence of disease. An ounce of brandy was administered three-quarters of an hour before the administration of the chloroform. Immediately on the completion of the operation the heart's action was found to have ceased. It was stated that the deceased had successfully undergone a similar operation twenty-five years before.

Ichthyol in Erysipelas.

Dr. Nussbaum, of Munich, has recently

obtained strikingly successful results in traumatic erysipelas by the use of an ointment composed of vaseline with 10 per cent. of ichthyol, a chemical substance rich in sulphur, obtained from mineral oil, which was introduced by Dr. Unna a few months ago, and which was found useful by Dr. Dubelir, of Moscow, in acute and chronic rheumatism (see the *Lancet*, Oct. 2, 1886), both as a medicine and as an external application. Dr. Nussbaum found, as indeed Dr. Dubelir also remarked, that the ichthyol had an irritating effect on the skin, so that it could not well be borne for more than three days; but as this was long enough to effect a cure in all the cases, no difficulty on this head arose.

Lymphoderma Perniciosa.

Kaposi (*Wien. Med. Jahrb.*) describes under the above name a new disease which he observed in a woman, thirty-nine years of age. On admission to hospital the patient was pale, had swellings of the cervical and inguinal glands, nodular infiltration in the palm of the left hand, as well as flexor surfaces of both forearms; and the clinical symptoms of a universal eczema. In the face, neck, and upper part of the breast the infiltration of the subcutaneous tissue was so great as to produce the appearance of leontiasis. The infiltration became nodular, and gave rise to serpiginous ulcers. The spleen enlarged, the leucæmia increased, and the patient died. The author regards the disease as lymphatic in its nature.

Pulverized Spleen in Chlorosis.

The German medical papers quote some observations made by Dr. Predazzi at Prof. Maragliano's request, on the value of treating chlorotic patients with an emulsion of pulverized spleen, bitter almonds, and brandy. In the five cases in which this was adopted, rapid improvement took place both in the general condition of the patients and in the physical signs; that is to say, the number of red blood-corpuscles was increased, as also the arterial tension and the body weight. The author does not attempt any explanation of the action of this singular remedy. The quantity of "polp. splenic." given daily was about five ounces, and it was ordered at meal times.

Antifebrine in Typhoid.

Antifebrine has been used a great deal in Professor Kotovshcheski's clinic in Kazan in typhoid fever cases with good results. After

a single four-grain dose, the temperature sank in the course of an hour 0.9° to 0.2° C., the reduced temperature persisting for from an hour and a half to three hours. It was found that by repeating these four-grain doses every two hours the temperature could be kept at the normal point all day. The frequency of the pulse was at the same time diminished, and its tension increased. The excretion of urea was also augmented. The patients liked the drug, and no ill effects were ever observed from its use.

Salicylic Acid in Food.

M. Vallin has presented a report to the French Government on the employment of salicylic acid in articles of food, in which he states that medical observation has established that even small quantities of salicylic acid, or its derivatives, if taken constantly, are capable of affecting the health of certain subjects who are peculiarly susceptible to the influence of this drug, as also the health of aged persons and those whose renal and digestive organs are not perfectly sound. He consequently advises that the addition of salicylic acid and the salicylates, even in small quantities, to solid and liquid articles of food, should be prohibited.

Intestinal Calculi.

Dr. Hockenull reports in the *Atlanta Medical and Surgical Journal* a case of a boy who was suffering from tenesmus. Examination of the rectum showed a mass of small hard stones, forming a complete wall, obstructing and distending the bowel. The stones were of a black color, and of a hard, flinty nature, and varied in size from that of a pea to that of the end of the little finger. According to the father's account, the total number of stones extracted at the time and passed subsequently was four hundred and two.

CORRESPONDENCE.

Paris Letter.

(FROM OUR OWN CORRESPONDENT.)

The New Professors of the Paris Faculty. Acetanilide. Iodoform in Variola and Erysipelas. Pilocarpidin. Salicylate of Bismuth. Vesication by Hydrate of Chloral. Magnesia for Warts.

EDS. MED. AND SURG. REPORTER:

The Paris faculty, as now constituted, is almost entirely composed of new men. When

I first came here, in 1876, the older men were in all the principal chairs. Sappey was Professor of Anatomy, Bécclard of Physiology; Gavarret, of Physics; and Chauffard, Medicine. Men who had acquired an European reputation also occupied the clinical chairs: Germain Sée had just taken Béhier's place at the Hotel Dieu and Gosselin and my own dear master, M. Hardy, were at the Charité.

It may not be uninteresting to recall, even to a foreign auditory, the distinguishing characteristics of these notable men, who are now just finishing their active career as professors. I will speak only of their personal peculiarities; their scientific attainments are known to your readers through medical literature.

First, the venerable and revered Sappey. No man was more respected by the students. When his venerable figure appeared in the lecture-room no uproarious and aggravating applause greeted or disturbed him. I have seen the ever popular and lamented Professor of Chemistry, Wurtz, check such applause by a comical upward deprecating look at the boys. Sappey, undoubtedly one of the ablest anatomists of his time, was a courtly old gentleman of the old school, whose only regret in life, I think, has been that he was never a practical chirurgien des hopitaux. It seems to be an unwritten law at Paris that the man who aspires to and is considered worthy of the chair of anatomy should not enter the surgical service of the hospitals or attempt to acquire renown as a surgeon. Such has been the case with M. Farabeuf, who succeeds M. Sappey; he has been unsuccessful at several concours for the hospital service. Farabeuf is a comparatively young man, full of energy and push, rather nervous withal, but certainly the ablest anatomist at present in Paris. Gavarret, the lately deceased Professor of Physics, was a relic of by-gone days; his name and some of his experiments were connected with the early history of modern physics. His successor, Gariel, who originated the idea expressed in Barnes' uterine dilators, has so long lectured in Gavarret's place that it seems natural to see him occupy the chair. Dieulafoy, one of the newly-appointed professors of medicine, is, perhaps, best known in the United States as the inventor of the aspirator which bears his name. He is quite a young man, a very able clinical teacher, and to him undoubtedly belongs the credit of originating, or at least vulgarizing, the use of the aspirator for the removal of fluid accumulations in the chest and elsewhere.

The hospital service is also rapidly changing. Broca, the portly and majestic surgeon of the Hôpital Necker, is dead; the accoucheur Dépaül is dead, and Gosselin and Hardy have just been retired by limitation of age. Gosselin was always on duty as early as eight o'clock in the morning; he very rarely missed his time, and his short, rotund figure and rosy face became very familiar to me in those early student days. A very kindly old man too, and one who rarely undertook operations of doubtful utility to the patient.

Then at nine o'clock at the Charité came M. Hardy, probably the best clinical teacher of the present day in Paris. Although his name is almost entirely associated with cutaneous pathology in connection with Bazin long since deceased, M. Hardy has been for many years one of the four professors of clinical medicine of the faculty of Paris. This personality is perhaps the most striking of any of the retired professors, tall and spare, with iron-gray side whiskers and a rather vulgar cast of countenance; his students voluntarily compared him to a coachman. His clinical lectures were always crowded and deservedly so, for they were the most practical delivered at Paris.

His confrère, Germain Sée, who fills Trouseau's chair at the Hotel Dieu, is a man of different stamp. He is of Jewish descent, as are also Charcot, Hayem, Marc Sée, and several other prominent members of the Paris faculty.

His lectures are always good, but hardly bear the stamp of originality, and his service is hardly conducted in a manner to benefit a student who desires to learn. Germain Sée says very little during his visit, and most of what is done bears the stamp of selfish attention to his own personal interests. During one vacation he was replaced by Grancher, whose name has become connected with that of Pasteur in his inoculations of attenuated rabic virus. Grancher is undoubtedly one of the ablest clinical instructors of the faculty.

The obstetricians also are all changing. Depaul is dead, but is worthily replaced by Charpentier. Just at present Pajot, the most popular man in the faculty, is retiring at the ripe age of seventy. I attended Pajot's lectures largely about ten years ago, when his auditory always filled the miserable and hard-seated ancient amphitheatre of the faculty. His lectures, like those of most professors of this branch, were replete with anecdotes, containing in his case rather more of the *sel gaulois*, which Victor Hugo extols so much, than could be well appreciated or

liked by transatlantic ears. Pajot was then a notable example of the *jeunes vieux*, satirized in some of Eugene Sue's novels, and stigmatized by George Augustus Sala in his book "Paris Herself Again." He was at that time over sixty years of age, but he was habited in a youthful, jaunty costume, could play a good game of billiards, and lived altogether the life of a man about town.

In fact, almost an entire change is taking place in the personnel of the faculty, and the visitor to the Exposition of 1889 will find a different body of men from those constituting that scientific body at the time of the last Exposition in 1878.

Acetanilide.

M. Dujardin Beaumetz has been recently experimenting with acetanilide, a new product of moderate cost. It appears to have a special calmative action in bulbar disorders. It has proven of much benefit in the darting and lightning pains of ataxia. It has been also of signal benefit in one or two cases of epilepsy, where bromides had given no results, or where bromism had prevented their use.

Iodoform in Variola and Erysipelas.

M. Colleville has recently made use of an unguent containing iodoform as an application to the skin in small-pox. He claims for it an anæsthetic action in relieving pain, and avers also that it seems to act in preventing the formation of crusts. M. Decès, of Rheims, confirms the assertion of M. Colleville, and finds that the same application is of very great utility in erysipelas, as it causes resolution of the swelling and inflammation in a few days.

I can myself speak of the benefit obtained from an ointment containing iodoform (\mathfrak{z} j to the \mathfrak{z} j of the simple cerate) in the treatment of erysipelas. I was first led to use it as a set-off to a quack-salve, or rather grease, which had a great reputation in my neighborhood. I have invariably found it a good application, soothing the pain, inducing resolution, and preventing the spread of the inflammatory exudation.

Granular Conjunctivitis.

M. Jules Rouquette, physician to the college, schools, and public institutions in Bône, Algeria, where granular conjunctivitis is very prevalent, gives the following treatment as the most beneficial in his practice:

1. At the debut of the affection, apply thoroughly the following solution:

R. Argenti nitrat.,	1 gram.
Aque distill.,	50 grams. M.

Neutralize with, a saturated solution of salt applied afterwards with a camel's hair brush.

2. When the disease is of longer duration, touch each granulation separately with the solid stick of nitrate of silver, using the neutralizing solution afterwards.

The next day bathe the eyes frequently with warm chamomile tea.

Subsequently apply to the conjunctival membrane with a brush morning and evening the following solution :

R. Cupri sulphat.,	1 gram.
Glycerini pur ,	10 grams. M.

After fifteen or twenty days this treatment gives remarkable results.

If necessary, a second application of the solid stick can be made, and if the pain after such application is severe, a one per cent. solution of cocaine can be applied with a camel's hair brush.

Pilocarpidin.

M. Meyer has recently made a communication in the *Archiv. für Experiment. Pathol.*, relative to this alkaloid, obtained from jab-
orandi.

It appears to have the same properties as pilocarpin, but is much weaker, and its toxic effects are not so marked, probably on account of its more rapid elimination from the system.

M. Solger (*Deutsche Med. Zeitung*) has made use of salicylate of bismuth in diverse forms of chronic diarrhoea and intestinal catarrh. He considers it of especial value in the diarrhoea of phthisis and typhoid fever, where the astringent properties of bismuth conjoined with the antiseptic value of the salicylic combination are particularly needed.

Hydrate of chloral, finely powdered over adhesive plaster, and applied after a slight exposure to heat, is strongly recommended for blistering purposes by M. Ivanowsky (*Wratsch*, 1886, p. 292). The application is said to produce vesication after fifteen to twenty minutes.

M. Cobrat, in the *Lyon Medical*, strongly recommends the internal administration of magnesia to young children suffering from warts. He has obtained excellent results in several cases by the administration twice daily of fifteen centigrams of magnesia.

New York Doctors and the Newspapers.

EDS. MED. AND SURG. REPORTER :

Did you live in this State, you would the better know why the names of some of our distinguished surgeons and physicians ap-

peared in the newspapers after some ordinary operation had been made, or they had been called as a consultant to see some man distinguished for his wealth or military prowess.

To us the cause is well known, to wit : he is invariably opposed to the *National Code of Ethics*, and is a member of the "new" or "no code" faction, a small minority of the profession in the State. How strange it is, that all these notices are published without the knowledge, consent, or pay of the individual eulogized !
D. COLVIN, M. D.

Clyde, N. Y., February 7, 1887.

NEWS AND MISCELLANY.

A Prize Essay on Hay Fever.

The Chairman of the Committee on Scientific Facts, of the United States Hay Fever Association, asks leave to submit the following to the members, and to the medical fraternity, and to all who are interested, whether as sufferers or students of this increasing malady :

At its last meeting, September, 1886, at Bethlehem, N. H., the Association decided to offer a prize for the best essay from a competent source, preferably a physician, on some question relating to *asthiva*, or hay fever. The amount is necessarily small ; but, as the accepted essay will be published in the Association's report, when the extent of its circulation, and the character of those whom it will reach shall be considered, it is thought that the successful treatise will give to its author a reputation worth the effort.

In order to carry out the above the following is announced officially :

1. Subject of the essay, Hay Fever. (a) Its pathology. (b) The predisposing, and the aggravating causes. (c) Advice to the sufferer.

2. The essay not to exceed four thousand words, and to be as practical and non-technical as possible.

3. The manuscripts to be received at the office of Samuel Lockwood, Freehold, New Jersey, not later than April 30, 1887.

4. Each manuscript to have a motto under the title, and to be accompanied with a sealed letter containing said motto, also the name and address of the author. These letters not to be opened until after the award is decided.

5. The prize to be \$25. The accepted essay to be published immediately in the Association's annual report, one hundred copies to be given the author.

6. The Committee of Award: Samuel Lockwood, Chairman of Committee on Scientific Facts; Frank B. Fay, President U. S. H. F. A.; Charles C. Dawson, Secretary U. S. H. F. A.

SAMUEL LOCKWOOD,
Chairman of Committee on Scientific Facts.
Freehold, N. J., Jan. 15, 1887.

Vaccination in Peru.

It is satisfactory to learn, from a recent number of *El Monitor Médico* (Lima), that some steps are being taken to persuade the Government of Peru to establish compulsory vaccination in the Republic. At present the only place where the compulsory system is in force is in Lima itself, where it has been established as a local enactment by the municipality. Provincial vaccinators find the greatest difficulty in keeping up supplies of lymph, and are frequently obliged to apply to the Lima authorities, who, at the desire of the Government, assist them as far as possible. The Free Academy of Medicine has recently caused the whole matter to be looked into, and a report to be drawn up by a committee of its members. They say that the frequent epidemics of small-pox and the numerous cases that are constantly occurring in most of the towns of Peru are accountable for a large part of the present high rate of mortality; that the experience of all other countries shows that the only way to make vaccination really effective is to render it universal by compulsion, which cannot be carried out without arrangements for supplying lymph to all requiring it; and that the best way of doing this is to confide the charge of a central establishment to a scientific body—that is to say, to the Academy of Medicine. It is remarked that the neighboring republic, Chili, established compulsory vaccination in 1884, and has an institute of animal vaccination in Santiago which is subsidized by the Government to the extent of \$3,500 a year.

Disease Among the Indians.

Dr. Washington Matthews, surgeon in the United States Army, has made a valuable contribution on the causes which are at work in carrying off the Indians of our country. One of the most important of these he finds to be consumption. From the census of 1880 we learn that, while the death-rate among Europeans is 17.74 per thousand, and that among Africans 17.28, the death-rate among the Indians is no less than 23.6. In diarrhoeal diseases the Indian death-rate

is not greatly in excess of that of the other classes. Measles gives a mortality of 61.78 per thousand, but it is under the head of consumption that the difference between the Indians and the blacks is most conspicuous; the rate among the former being 286 as compared with 186 among the latter, while among the whites it is but 166 in the thousand. Dr. Matthews finds that where the Indians have been longest under civilizing influences the consumption rate is the highest; meaning by the term "consumption rate" the number of deaths from consumption in a thousand deaths from all known causes. Thus the rate among reservation Indians in Nevada is 45; in Dakota, 200; in Michigan, 333; and in New York, 625.

Effect of Freezing on the Typhoid Germ.

Dr. John S. Billings, U. S. A., writes as follows to the *Sanitary Engineer* of January 29, 1887:

It is well known that freezing water does not destroy the vitality of all living organisms contained in it, although it does appear to kill some of them. To settle the question as to the effect of freezing on the bacillus of typhoid, I have had the following experiments made:

January 10, 1887. Five cubic centimetres of sterilized water in a test-tube were inoculated with typhoid bacillus and exposed to the outer air during the following night at a temperature of about 10° F. It was found solidly frozen in the morning.

January 11, 2 p. m. This frozen mass was thawed, and from it there were inoculated one agar and three gelatine tubes.

January 13, 10 a. m. There is decided typical development of the typhoid bacillus in the agar tube and in two of the gelatine tubes.

Evidently, therefore, the vitality of the typhoid bacillus is not destroyed by freezing.

The Bacillus of Typhoid Fever.

An inquiry lately made by Dr. Brouardel into the circumstances of an outbreak of typhoid fever at Compiègne led to the discovery of a bacillus in the water which the victims used for drinking. This is the well-known bacillus which, when cultivated in gelatine, multiplies in colonies; and a similar germ was found in blood drawn from a patient suffering from enteric fever. It had probably come from the water closets, which were established in a sandy porous soil; beneath this was a layer of compact clay,

through which the water drained to the well. The bacilli were much more numerous in the infiltrations of the sandy layer, a purification apparently taking place there which left the well water limpid, without any impure taste. This fact proves that in the filtration of sewage-water through the soil, certain organic matters may be retained, whilst dangerous bodies are allowed to pass.

Professor Johann Rudolph Ranke.

The University of Groningen is just now mourning the loss by death of the much respected Professor of Surgery, Dr. Johann Rudolph Ranke, who, though a foreigner, seems to have endeared himself to all classes of the people. For the last eighteen months he had suffered from the effects of blood-poisoning, which had caused him continual severe pain; but he stuck most heroically to his work to the last, teaching from his bed students who were about to present themselves for examination, and, on days when he was somewhat better, going in a bath-chair to the university or hospital. Only three days before his death he performed an important operation.

Bucks County Medical Society.

The midwinter meeting of the Bucks County Medical Society was held last Monday in Bank Hall, Quakertown, Dr. J. J. Ott, of Pleasant Valley, presiding. After the usual routine business Dr. A. M. Cooper, of Point Pleasant, read an article on albuminuria, detailing the diagnosis and treatment of several obscure cases. The discussion was carried on by Drs. Thomas, Moyer, Cawley, and Ott. Dr. William E. Ashton, of Jefferson Medical College, Philadelphia, then delivered an illustrated lecture in gynecology. Four new members were added to the society.

Death of Madame Trélat.

The death is announced from Paris of Madame Ulyse Trélat, the wife of the late Dr. Trélat, Governor of the Salpêtrière Hospital. Madame Trélat, whose life has been largely spent in charitable work among the deserving poor, and who took an active part in the creation of technical schools for girls, has left \$40,000 to the poor of Paris. The rest of her fortune she leaves to schools and other institutions of public utility.

Vegetable Fibres in the Intestines.

At a recent meeting of the Société Médi-

cale des Hôpitaux, of Paris, M. Laboulbène showed some worm-like bodies which had been passed by a cachectic child of twelve. They proved to be macerated vegetable fibres twined round in the intestine, and subsequently expelled in the form of scybala.

Personal.

—Dr. Wm. E. Ashton, assistant demonstrator of obstetrics and clinical assistant of diseases of women at the Jefferson Medical College, delivered, last Monday, before the regular meeting of the Bucks County Medical Society at Quakertown, a lecture upon "The Diagnostic Value of Palpitation and Auscultation in Obstetrics."

—Dr. Richard J. Levis is expected home in the spring. He has been "doing" Egypt.

—Dr. D. B. Birney, late of the Presbyterian Hospital, is now connected with the medical staff of the Philadelphia Dispensary.

—Thomas K. S. Morton, M. D., late of the Pennsylvania Hospital, sailed for Europe recently. Dr. Morton intends to pursue his studies in Berlin during the ensuing summer, and return to this city in October to resume his practice.

—Prince Ferdinand, of Bavaria, who is a distinguished surgeon, has, during his recent visit to Madrid, performed several delicate operations. The prince is a brother of the Empress of Austria-Hungary.

Items.

—If Queen Victoria does not celebrate her jubilee by a liberal assistance to the London hospitals, it will not be for lack of sufficient reminders from the medical press of England.

—The most effective, as well as most convenient cure for warts is said to be fifteen grains of corrosive sublimate dissolved in an ounce of collodion, the warts to be brushed carefully with the mixture once daily.

—Wilson Barrett upon being asked the other day how old he was, said: "When I play 'Chatterton' I am 17; when I play 'Hamlet' I am 20. That is all I am going to tell anybody about my age."

—Dr. A. J. Smith has been elected first assistant in the insane department of the Philadelphia Hospital, to succeed Dr. J. C. DaCosta, who has been called to a similar position in the Pennsylvania Hospital for the Insane.

—The Alumni Association of the Medical Department of the University of New York

held its sixteenth annual dinner at Delmonico's on the evening of January 27, when Dr. F. R. S. Drake presided, and the annual toasts were responded to.

—The report of the Pennsylvania Society to Protect Children from Cruelty for the year 1886 has just been issued in pamphlet form.

—The Emperor of China, says a correspondent of *Les Debats* insists on having bears' paws, antelopes' tails, ducks' tongues, torpedo-eels' eggs, camel's hump, monkeys' lips, carps' tails, and marrow bones served on his table every day in the year.

—The total number of students in the medical faculties of the German universities is about 300 in excess of what it was last winter session, the largest increase (seventy-six) being at Würzburg. Berlin shows a decrease of eight, and Königsberg a decrease of four.

—"See here, now, I've heard a good deal about the honest farmer, but what makes you put all the best apples on the top of the basket?" asked a city man of the fruit-seller. He thought a moment, and replied: "I s'pect it's for the same reason you have the front of your house of brownstone."

—Dr. John Van Voorst, who died in Jersey City Feb. 4, was a well-known practitioner. He was a graduate of Princeton and Bellevue Medical College. He was house physician at Bellevue Hospital, and also at Mrs. Astor's Women's Hospital for several years, and was on the staff of physicians at St. Francis' and Christ's Hospitals, Jersey City.

—The late Dr. Dudley, of Brooklyn, left a bequest of \$500 to the Faculty of the Long Island College Hospital, to be used in encouraging their students to diligence in special study. The interest of this sum will each year be given to the senior year student who shall present the best thesis based upon some case that has been clinically observed during the year.

OBITUARY NOTICE.

GEORGE O. MOODY, M. D.

At 11 p. m., Sunday, February 6, Dr. George O. Moody, of Titusville, Pa., while in the act of preparing for bed, fell dead almost instantaneously. Angina pectoris was the presumable cause, as he had suffered somewhat from that affection in the past. Dr. Moody was a member of the National and State Medical Societies, and had been appointed a member of the Council on Dis-

eases of Children in the International Medical Congress, which was to meet in September. His loss will be widely felt.

Dr. George O. Moody held a first rank as a practitioner of medicine and surgery, and the community in which he labored so faithfully for 24 years will not easily replace him. Crawford County Medical Society, as well as the State and National organizations, will miss him and mourn his loss. His papers were scholarly and adorned the literature of our Transactions. His discussions were clear, intelligent, and practical, and his manliness and candor were as manifest in his profession as in all his relations and dealings with the public.

At a meeting of the members of the medical profession of Titusville held in Dr. Barr's office on the 7th inst., the following preamble and resolutions were adopted:

WHEREAS, We are called upon to mourn the sudden loss of our esteemed friend and fellow-practitioner, Dr. George O. Moody;

Resolved, That by the death of Dr. Moody the community has been deprived of an active, public-spirited citizen, his patients of a skilful, energetic, and sympathetic physician, his friends of a warm-hearted, earnest, congenial companion, and the profession of a bold, fearless, and honest practitioner, kind and courteous to his medical brethren, and one possessed of unusual acumen and skill, with a breadth of culture obtained by few.

Resolved, That we extend to his afflicted family our sympathy in their bereavement, feeling as we do that the loss is one personal alike to them and to each of us, as well as to every member of the community.

Resolved, That we attend his funeral in a body.

Resolved, That a copy of these resolutions be furnished to his family, and that we request their publication in the local papers and in the medical journals of our country.

GEO. W. BARR, M. D.

WM. VARIAN, M. D.

THEO. J. YOUNG, M. D.

E. C. WESTLAKE, M. D.

F. E. LUKE, M. D.

QUERIES AND REPLIES.

TINCTURE OF KINO.

EDS. MED. AND SURG. REPORTER:

I have had tr. kino to assume the consistence of jelly in well-stoppered bottles on two occasions. Please tell me in your queries if it is still good for use, and what should be done to it in order to make it liquid.

Whiteville, La., 2, 1, '87.

H. C. M.

Motto, Philada.—The phrase *Non sibi sed toti*, is an abbreviated Latin expression, meaning "Not for himself (or for themselves), but for all."